THE CHIRONIAN.

VOL. XXVII MAY, 1911. NO. 11

HOMŒOPATHY OF THE PRESENT AND FUTURE*

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In an address delivered at Utica last December, Dr. Royal S. Copeland discussed the present status of allopathic medicine, taking as his text Abraham Flexner's statement made in his Carnegie Foundation report, page 161, where he says: "Historically it (Homœopathy) undoubtedly played an important part in discrediting empirical allopathy. But laboratories of physiology and pharmacology are now doing that work far more effectively than Homœopathy; they are at the same time performing a constructive task for which Homœopathy, as such, is unfitted. It will be clear, then, why, when outlining a system of schools for the training of physicians on scientific lines, no specific provision is made for Homœopathy. *For everything of proved nature in Homœopathy belongs of right to scientific medicine and is at this moment incorporate in it.*"

On page 159 he states that no homœopathic institution, save one, is doing any scientific work or "drug proving," apparently being uninformed of the experiments in the laboratory of the University of Michigan, proving the homœopathicity of the opsonic index, and that for several years past drug-proving has been carried on under the auspices of our national and other societies and in our colleges with scientific accuracy and with all the rapidity that our funds will permit.

In this article Dr. Copeland found little difference between the allopathic practice of 1910 and 1844.

The leavening power of Homœopathy in modifying their use of drugs is generally acknowledged and, although they have in recent

*Read at the semi-annual meeting of the Southern Tier Homœopathic Medical Association in Elmira, N. Y.

years been groping after our methods, they, without exception, know nothing of its finer points of application, unless they have received a proper grounding by competent explanation and instruction.

If allopathy has not changed its medicinal treatment of disease but only moderately modified its application of drugs it is pertinent to ask:

What is the status of Homœopathy in this 115th year since Hahnemann put before the medical world the law of similars and at the beginning of the 157th year since his birth?

The industry and enthusiasm of the master appear when we find the pathogeneses of twenty-seven drugs announced eight years after he promulgated a working basis for his law in 1797, in the first edition of Fragmenta de Viribus, published in 1805. By 1821, when he was at the zenith of his fame in Leipsic, he had published several volumes of the Materia Medica Pura. His proven drugs had grown to sixty-one, and he had gathered about him a devoted group of thirty-seven followers, many of whom were extensive provers and experimenters in the field of drug action.

It was only a short time later, in 1825, when Dr. Gram came to New York from Copenhagen, and enthusiastically began the practice of Homœopathy. It was two or three years before he enlisted Dr. John F. Gray in the law of similars by curing some chronic cases for the latter in what seemed to Dr. Gray a miraculous manner.

So rapidly did the new practice grow, that in 1844 the oldest national medical organization, our own American Institute of Homœopathy, was founded by Dr. Hering and his friends. From that moment the increase and strength of our materia medica was in this American Institute of Homœopathy says Dr. Hughes.

Since the late seventies, when Dr. Hale completed his New Remedies, few, and they are among the less important drugs of our great collection of drug pathogeneses, have been proven. In Allen's Hand-Book of Materia Medica there are arranged the provings of 387 drugs, but this list does not include some poorly proved remedies among the tissue remedies of Schussler and others.

The mass of 9,000 odd pages in Allen's Encyclopædia is appalling to any student of materia medica, and it is no wonder that this generation has added little or nothing to this mass of material or to its elucidation. The proper method of making this material of easy assimilation to the multitude has not yet been found.

Few of us have a mind with sufficiently keen analysis to get even a broad picture of a drug, much more to recognize its individuality so that each may be recognized as we recognize flowers or trees.

The skepticism of the old school in recent years in restricting effective drugs to those to be counted on the fingers of one hand has had its influence on our ranks. So has the introduction of vaccines, the great development of surgery, physical therapeutics and the cry that has gone up that preventive medicine is the only panacea for the sick, until the true function of the physician is lost in his zeal to study his patients' surroundings, examine his functions and secretions and triumphantly show how he died at the post-mortem table.

Homœopathy has nothing to do with conditions demanding any of these expedients for relieving the sick. As physicians they belong as much to the practitioner of Homœopathy as to any other. Homœopathy does, however, have a very potent influence in removing the remote conditions back of those demanding the exercise of any of these means, and I feel with Dr. Bellows that I would not like to practice my specialty without my homœopathic medicines.

Are we to believe Dr. Osler's endorsement of Benj. Franklin's aphorism, that "he is the best doctor who knows the worthlessness of most medicines?" Are we prepared to throw away our pocket cases or replace them with a microscope, stethoscope and other instruments of precision in diagnosis, forgetting Hahnemann's dictum that a physician's only function is "to restore health to the sick, which is called healing, and the highest aim of healing is the speedy, gentle and permanent restoration of health or the alleviation or obliteration of disease in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons?"

When the relation of bacteria to disease was discovered, many at once pinned their faith there and declared that getting at the cause was sure to be our salvation. This has always been a far cry of physicians and has been effective in preventing diseases far more frequently than in curing them. In Hahnemann's time this was what they were groping after, but the master with his keen mind recognizing its futility, said that in symptoms we get a picture of disease in the individual and from the total individual pictures must be made up the typical picture of any disease. To cure effectively we must take the individual case not the class picture.

Others are groping after the cause in chemistry. The work of bacteria brings about certain chemical changes and the similarity of these to the chemical reactions of the living organism has turned the attention of some in our own ranks to this fad in therapeutics.

All these developments help us to more accurately tell what may be the matter with a man and give us invaluable clues toward the effective prevention of disease, but they give us very little aid in "speedily, gently and permanently restoring our patients to health in the shortest, most reliable and safest manner." For this we must return to the law of similars, a law that requires keen observation, careful research and thoughtful consideration for its application. The lazy or the careless man will not find great success with it, but to the conscientious it opens a mine of untold wealth for suffering humanity.

Look at the polypharmacy of the allopathic school in the latter part of the 18th century and trace the changes from that drugging, leeching and bleeding period to the nihilism of the present and it presents such a bewildering chaos that one cannot wonder that laymen sneer when such medicine is said to be a science. Compare this with Homœopathy in its 115th year, with its indications for using its drugs as virile, potent and distinct, as when they were given to the world. Moreover, their success in helping the sick has steadily forced itself upon practitioners of other schools until they have, step by step, diminished their doses and the extent of their drugging until now many of them carry and administer their drugs in a clumsy way in imitation of our practice.

Through careful attention to diet and to hygiene in all its details, matters which were more carefully looked after by Hahnemann than any other man of his time, allopathy has made its practice so much more successful than it was a century ago that the success and lower mortality of Homœopathy is less marked than it was then, but it still has the vital principal of the law of similars for the administration of its drugs.

Similia similibus curentur has come to its fullest use in this free country of ours. Why? Because here we have equal privileges before the law and freedom of judgment as well as freedom of conscience. Our practitioners and organizations stand before the law on the same plane as others, and more than all because we are free to teach our law and its application to our students.

Homœopathy is almost as unknown in Germany as it was in Hahnemann's time, and State medicine makes it as impossible to have its principles set forth as it did when it drove Hahnemann from place to place until he became an outcast from his native land. In France and in England State medicine, in a less degree, but still effectively, has prevented any but the most meager development of our science.

The responsibility for the future rests entirely on us in free America. Have we appreciated this and tried to live up to it? When we do realize this as our burden, we will do far more effective work for our cause, I trust, than has been done in the last quarter of a century. We have not increased in numbers in this period and in many instances have not supplied the places of those of our school who have died. Is this effective work?

You may say that you are not a Hering, a Dunham, an Allen or a Farrington with genius for the analysis and presentation of our materia medica. Perhaps so, but you are daily curing cases and alleviating suffering by the use of the materia medica, through which their industry has made it possible for you to acquire a knowledge of the application of our drugs. Every week you see some drug which you have given on plain indications speedily clear up a case. Snatch a few moments of sleep or leisure to record your cases and then bring them to the attention of your confreres. No meeting like this ought to be held without some part of it being given up to the presentation of cases treated with a single remedy, so clearly presented that no one can fairly dispute your claim of curative results. What is the use of this? It has several distinct benefits. It gives the reporter a better insight into his materia medica; it increases his general knowledge of drug action; it makes him a better homœopathic physician; it stimulates study and reflection on the part of fellow members and sends them home with renewed courage for the battle; and lastly, it supplies us with a mass of clinical material which must be our bulwark in presenting Homœopathy to physicians of other schools. We are most of us too lazy, too shiftless and too ready to put the responsibility on the other fellow to go back to this method of the pioneers in Homœopathy for effective work in our homœopathic societies.

One needs papers upon the practice of medicine in all its branches, but, more than all, he needs practical hints in his daily work. Long

detailed recounting of the symptoms to be found in the materia medica is as much a waste of time as a text book paper in any other branch of medicine; but the short and accurate detailing of symptoms which show the power of a drug to relieve a certain train of symptoms is the help needed by the younger and the least stout-hearted among us. It is the duty of every member to supply the above freely.

Organization is typical of the present age and affects all classes from the base ball club of the school boy, which must have its constitution and by-laws, to the most gigantic trust. Whatever may be our feeling of distrust against the submersion of the individual in these organizations, we can have no such feeling when it comes to medicine. There it is only through societies that we can meet and exchange notes at regular intervals. The inspiration and vigor which every meeting puts into us should put to shame any short-sighted policy that we cannot afford the time or the money for such intercourse. Everyone who reasons this way is the poorer in money and in knowledge and power yearly, so long as he keeps to his little, narrow horizon instead of coming out into the broad sunlight and having the mists of narrowness and error cleared away by hearing the other side of his case. The physician who fails to effectively support his local, state and national organizations is failing miserably in meeting his professional obligations. By effective support I do not mean the simple payment of the dues, but the attendance upon local meetings regularly and participating in their work. This fits a member for effective work and responsibility in our state and national organizations so that later such a member is helpful there.

Another thing is to use one of the most effective methods of letting the public know that Homœopathy is alive and prosperous by seeing that the newspapers are furnished with an account of your proceedings. Every town has some old school man whose name is so constantly in the public view that his name is a household word. However distasteful that may be to us as individuals, it cannot apply if we get an enthusiastic patient in newspaper work to send an account of our society proceedings to the public press. We owe this to the cause.

In this age of benevolent assimilation in business as well as in medicine there are some who think our cause for existence is gone. No greater fallacy was ever advanced. Homœopathiy thrived best

when it was fighting for its very life and our practitioners were hardly recognized as physicians. That era has gone, but the law of similars is still not recognized by the great body of physicians any more than it was twenty-five years ago. I feel that, as a man and a physician, I owe it to the medicine of the future and to humanity to use all the efforts in my power to bring our law into general recognition and use as a therapeutic law. This cannot be done by abandoning our organizations, but by making them so strong that we must be taken into account. Already there is evidence at hand that many of the dominant school seek to know more of Homœopathy. They copy our methods in hospitals, where we both associate. They recognize, as, no doubt, many of you can testify, that, when they find in consultation that you are using all the dietetic and hygienic methods they can suggest and have had all the blood counts and other tests made that would help in determining the true condition, that you have something in your homœopathic remedy better than anything they know. We must bring to them a working knowledge of our law and its application. They are coming to our meetings and will welcome such discussions.

If it is worth while for allopathy to keep the most effective organization known for the purpose of affecting medical legislation and securing political office, how much more have we at stake in keeping alive and making known a law that must be of benefit in every case of sickness where medicine is available! We cannot afford to be swallowed up until we have made this homœopathic body so big and formidable that it must be digested and assimilated by allopathy.

To sum up:

Our present condition is too self-satisfying. No organization ever stands still, it must advance or it will go back. In the language of the political world we are too much "stand patters" and too little "progressives" to be effective.

Our future lies in making our organizations thoroughly homœopathic and heartily joining in their support and advancement. Our colleges particularly, which must be the fountain head of our existence, must be strengthened and supported until they are manned effectively and have endowments enough to give the best education to be had anywhere in the basic sciences of medicine and in the collateral branches, plus a knowledge of the law of similars and its

application. Not one inch must be given until *Similia similibus curentur* is adopted and effectively taught by all medical colleges.

Our practice and individuality in organization must be kept intact until "the same stone which the builders refused is become the head in the corner."

PRESCRIBING.

By Clarence C. Howard, M. D., New York City.

Mr. President and Gentlemen of the Western New York Homœopathic Medical Society:

It was with some hesitation that I accepted the honor of addressing you to-night. The honor was a double one because you are celebrating the birthday of one of nature's noblemen, whose life was devoted to the cause of science, that science in which we all believe, and which to the best of our ability we practice.

To my mind Samuel Hahnemann was the greatest benefactor of the human family. When he gave to the world the law of *"Simlia similibus curentur,"* he proclaimed a truth which will last throughout eternity. Do what we will with it, be as faulty in our application of it as we may, it still stands as a monument alike to truth and to his genius.

Gentlemen, had I been asked to come on to Rochester to tell you how to prescribe, I should have felt obliged to decline. I am sure you will agree with me when I say that such an attitude on my part would not have been seemly. But your tactful secretary, whom you appointed to wait upon me, asked me if I would tell to the members of the Western New York Homœopathic Medical Society how I prescribe; how I am able to put into operation our great law of cure. To do this affords me pleasure, and I deeply appreciate the honor you have conferred upon me.

To tell you how I prescribe, I must ask you to follow me into the realm of literature. A sincere and persistent study of a character in real life or in fiction, and the sympathetic association of one's self with it, even if it be but an imaginary being, gives a definite picture and a more thorough realization of the character. Thus we are enabled to determine with a fair amount of accuracy what this person will do under given circumstances. For example, take George Eliot's "Silas Marner." Here we have a cataleptic belonging to a

rigidly narrow religious sect. To me this character presents three distinct stages: First, his youth, showing his fervent nature, simple and trusting, sane and honest, yet with an absence of special observation, constricting his views of life. His very face, with its large, prominent deer-like eyes, is an index to his character, trusting, lacking in worldly knowledge, defenceless.

How clearly has George Eliot shown the results of a sudden psychic crisis on such a nature. When his bosom friend, "William Dane," a member of the sect to which Silas belonged, stole from him his beloved, and then caused him to be thrust out of the sect itself by an act of dastardly hypocrisy, it is clear that henceforth he would refuse to believe in the justice of God or the brotherhood of man.

As a result of this emotional shock we next see the silent, pale-faced weaver a wanderer from his home, living remote from men, bereft of his trust in humanity, with no mental resources, on the way to become a miser. These habits of solitude and mistrust, together with the hysteria induced by his mental state, repelled all advances made by the simple village folk who looked on him as one in communication with the devil.

Then comes the entrance of "Eppie" into that lonely, narrow, loveless existence, an event which gradually awakened the man's long dormant nature. Year by year his love for the little one grew, his soul expanded until when her own father claimed her, Silas is ready to make the great final sacrifice, that of leaving the nineteen year old girl to decide between them. As was quite to be expected, Eppie remains faithful to the one who has nurtured her.

A close study of Silas Marner's character reveals larger possibilities; had this imaginary being lived in another age, we can glimpse the height which he might have attained had his mind and imagination been awakened under higher culture. Yet with every advantage of culture his development must, of necessity, have been bounded by the limitations of the being. Silas Marner possessed certain qualities, with which we are more or less familiar. Thus we recognize immediately his inability to rise above a certain height, a limitation unalterably determined by the defects of his mentality; just as we know that he would have been incapable of committing an act of depravity. But there are still finer shades to this character

not discernible at a casual glance, which can only be brought to our knowledge by close and intimate association.

Again, with such realism did Shakespeare create his character of "Hamlet," with such paramount human interest did he endow him that even the literary critics of this age are still undecided as to whether he was sane or insane.

All lovers of Balzac will recall a pathetic little story told of him illustrating how real, to himself at least, were the beings of his fancy. It is said that one day he rushed to his sister's room saying, "Laura, Laura, Madame Du Barrie is going to commit an act of folly, and I don't wish her to, but I cannot stop her!" Nor could he; for to complete the character he had delineated she must, of necessity, do this very thing.

Now the provings of our remedies should be to us depicted characters; people who live, move and have a being; thus, on close study, they come to stand out clearly in our minds as individual types. The human mind is only capable of just so many separate and distinct manifestations of emotion. Relatively speaking, we have love and hate, fear and courage, passion and indifference, joy and sorrow, exaltation and depression; likewise their subdivisions. These various emotions may be modified or intensified, but they are nevertheless limited in their operation, just as is the possibility of giving verbal expression to our sufferings.

Pain being the great head of suffering, it can be expressed variously as shooting, darting, dull, grinding, stabbing, etc., so that when provers give a detailed account of the action of a poison they are necessarily limited by the possibilities of verbal expression. But if we ponder over these provings, we gradually develop a character that, by degrees, becomes no less marked than Balzac's "Madame Du Barrie." Indeed it becomes to us so true a type of the remedy that we feel a veritable certainty as to its action under certain given conditions.

However, we must by no means lose sight of the fact that each remedy, like the types of the human family, has individual types of its own, each one differing slightly from another in unimportant manifestations, yet all closely allied in temperament, disposition and ability to suffer.

When we think of *"chamomilla"* at once there comes before our mind the vision of a screaming child, irritable from excessive nerv-

ousness, and yet when irritability is thought of in a child *"bryonia"* presents itself also to our thoughts. And still with our thoughts dwelling on irritability, there comes before us the grown-up child, and we see a man morose, irritable, impossible, overfed, drinking too much, studying too much, constipated, of sedentary habits, and worrying about every trifle. All external impressions annoy him, light, noise, odors, and at once we recognize *"nux vomica."*

Anger is an unpleasant subject, yet it is one difficult to get away from; and as our minds wander about, they light upon an irritable neurotic. suffering from some intestinal derangement. There is a pronounced autointoxication, the temperature may be either slightly above or just under normal; easy perspiration, and whew! what a temper! Wants to kill some one, not any particular person, but any one who speaks, or doesn't speak. The telephone bell rings, and he wants to beat it over, probably he may smash something, or at least throw a book down, or kick something before he answers. The door bell peals, and he curses and swears like a madman. Here we at once recognize our old friend *"hepar sulph."* Normally, he is one of the nicest fellows that ever lived, kind-hearted, affectionate, gentle, but just "gone wrong."

And that word "gentle" somehow brings to our mind a young girl whose appealing blue eyes are easily suffused with tears. A dear, sweet creature; we love her, and she loves to be loved. I don't think she can love very deeply herself, but should a good, strong oak appear, she would love to be the clinging vine. For she likes to cling, and to have everything done for her. She is delightful and pretty and sweet when everything goes her way; but should anything go wrong, presto! our dear little blue-eyed maid is swiftly transformed into a nasty, ill-tempered little cat.. Personally, all my sympathy goes out to the oak, and I trust no man will change your condition, Miss *"Pulsatilla."*

Yet why multiply? He who runs may read. Who would not, or could not, recognize any one of these types? A boy just out of college would be able to prescribe for, say, a case of *"rhus toxicodendron."* Let the patient walk into his office some damp, wet day. The doctor invites him to a seat, but shortly, even while telling his tale of woe, the face shows pain; suddenly he gets restless; soon he rises and walks about. As he starts to get up, the doctor notes his difficulty, but by degrees the stiffness wears off, the limbs

become more supple, and the pain lessens. However, this relief is but temporary; soon the face assumes a look of weariness, the patient is tired, exhausted even, and unable to continue his exercise, so he sits down only to repeat the manoeuvre just described, again and again. Am I wrong in declaring even a novice could prescribe for such a patient?

To digress for a moment, I want to advise every young man to go for his study of materia medica to some public hospital or dispensary where they treat the illiterate and uneducated, those human beings who have seen few of the conventions of life, and whose natural freedom of expression has not been warped by tradition, and who, for these very reasons, give full play to their primitive emotions. For it is among such people, those who wear no masks, that one comes in contact with various-sided human nature, and learns to visualize his materia medica. Among the upper classes, where good manners and breeding prevent the giving of free expression to natural feeling, it is quite different.

But to return to the subject in hand. We do not frequently meet with pictures of different remedies so clear and precise, as far as details are concerned, as those just enumerated. For many of our patients only show the remedy's finer shadings. For example, the melancholia of *"rhus toxicodendron"* is quite a different matter. All the so-called "characteristic symptoms" may be—very generally are—absent, yet none the less is the patient a poor, depressed sufferer. It is in cases like this that one needs a most intimate knowledge of the remedy itself. Depression, with all its accompaniments, is covered by so many drugs that it is only by a familiar and sympathetic association with the provings that we become able to differentiate. It would, perhaps, be almost useless for me to try to depict for you the finer shades of character belonging to any given remedy, since this knowledge can only be gained individually and by the hardest kind of grinding work.

As an example of this, however, let us take a typical attack of *"rhus toxicodendron"* rheumatism or gout, associated with a marked mental depresion. Your *"rhus toxicodendron"* relieves the pain, and suddenly all the accompanying mental symptoms disappear. Of course, you have carefully noted each individual phase of this depression, comparing it with the remedy's many shades and modifications, so that when it is again met with, you see it clearly

and are enabled to prescribe for *"rhus toxicodendron"* melancholia with assured certainty, even if the patient does not have rheumatism.

Unfortunately, you have only a very few of such experiences in life, and for ordinary occasions it still remains imperative that we know all the materia medica—a mental impossibility. How, then, are we to gain our requisite knowledge?

I have, I think, said enough to indicate to you how I personally look on the symptoms of the various remedies; to show you that, to me, they are no more or less than different phases of the human life, as it were, characters from which we must draw our similies. To do this, we must gain, first, a most close and intimate knowledge of humanity, and its emotions, then study the application of the remedies to these.

There are certain persons who never can give symptoms of some of the remedies, they are not the type. I do not think it would be possible to get a clear picture of *"nux vomica"* in a *"pulsatilla"* type. Of course, large doses might produce spasms and any or all of the gross pathological changes, but the finer, the more delicate gradations of the symptoms upon which we should prescribe would never be present.

Thus it is by careful analysis, applied to each successive patient, that we can learn to tell which remedy (or class of remedies) he or she will require when ill.

My method in the study of materia medica had its inception long ago. To begin with, I took up one drug. I read it and reread it; and in my imagination, tried to depict to my own mind all that it was capable of doing, and in this way compared it with every possible diseased condition common to man. I walked with it, I talked with it, until it became to me a living, breathing being, filled with suffering, filled with heart aches, and with every possible emotion of which human beings are capable. I saw it in its infancy, its childhood, manhood and old age. I tried to feel with it, to suffer with it, to completely suffuse my imagination with it, until I had brought to my mind characters, which, like Balzac's creations, were to me so indisputably associated with it that each separate one must, of necessity, do and be, and act in accordance with the portrait stamped on my mind.

As an actor studies his part, so must the physician study his materia medica. The actor studies until he becomes, to his own conscious-

ness, the actual embodiment of the author's creation; and, no less, must the physician bring to bear on his patients these vital qualities of imagination and sympathy, causing them to become, for him, veritable impersonations of the remedy.

Again, I say, as an actor studies his part, so is the physician working over his materia medica; for, to the first stages of either task belong hard, grinding work. But by degrees, as the physician studies his remedies, and their varied (often, it seems, conflicting) action and attributes become fixed in his mind, he finds himself becoming what, in the parlance of the stage is known as "a quick study." He will, in time, be able "to read" a remedy at first sight, and with his cultivated imagination draw from it all belonging to its true character.

I may be able to elucidate more clearly my understanding and interpretation of the finer shadings of our drug provings by the recital of a single case, one of the kind we meet with in our daily practice. The patient I will designate as Miss F. M. Not to detain you with too many details, suffice it to say I made, as is my custom, a thorough examination of all her organs and found nothing abnormal. A blood count showed her to be anæmic; in other particulars there were no blood changes; a marked enteritis was found to exist by an examination of her stools. The urine was loaded with oxalate of lime and uric acid, but all this would in no wise help one to prescribe.

This dear maiden lady, of about fifty-five years of age, made her first call upon me on November 22, 1909. She walked into my consulting room with the utmost difficulty, dragging one foot after the other; her knees seemed about to give way beneath her; she reached for the nearest chair, into which she sank utterly spent. The snow white hair, pale blue eyes, with dark circles under them, gave to her chalky white face an expression of abject misery and weariness. The skin of her face was rather free from wrinkles for one of her years, and the face was well rounded, but soft and flabby. A similar statement would apply to the general muscular system. Her manner was listless, quiet and refined; rather inclined to be reticent. She spoke in a low voice, with an effort; even her smile showed the great effort this poor sufferer was putting forth.

During the recital of her complaint, a slight flushing of the face occurred, giving to the countenance the appearance of health, while

it lasted, which was but for a few moments, and the face again resumed its chalky paleness. The teeth were in good condition and regular, no ridges or receding gums; one or two of the molars had small gold fillings.

She seemed mentally confused. It was very hard for her to concentrate her mind in relating her discomfort. In fact, she did not wish to talk, and much preferred to be let alone; society required an effort she was unable to make; noises irritated her; she was given to serious thoughts, but not to gloominess.

She was discouraged over her condition; she had had it so long, and had doctored so much for it without improvement. She was inclined at times to be anxious, but tried not to be. Vertigo was present, and seemed to be induced by change of position—sitting up, lying down, going down stairs, would cause it. At times she thought her eyes had something to do with this vertigo, for she was sure that moving objects brought it on, so that she did not like to go into the crowded parts of the city.

Her bitterest complaint was made about the headaches; these occurred regularly, every week, generally Sunday morning, sometimes Saturday night, and would last from thirty-six to forty-eight hours. During all that time, she would be unable to take food, so was very hungry when the attack was over; felt pretty well after the headache, only weak. The pain was in the right temple, more frequently, and radiated from thence in all directions, especially into the forehead; its nature she described as "hammering" and "beating." There was no special modality accompanying the headache; the patient wanted to lie down to keep quiet, and to be left alone. As the pain increased the headache became more general, until finally the whole head was more or less involved. There was one symptom especially worthy of note, however, during the intense pain there was great lachrymation, so much so that tears would stream from the eyes.

No special stomach symptoms existed. An occasional attack of nausea, sometimes vomiting, with the headache; but this was not constant.

A good deal of distress was felt in the abdomen; she was conscious of a fullness and tension there, with a sensation of unpleasant warmth; attacks of acute, griping pain, with much rumbling and gurgling of flatus, frequently occurred. These colicky pains were generally associated with the headache, although there was a more

or less constant discomfort. The distress was described as a painful weight of the bowels and pelvic organs, as if they would fall down, was somewhat worse by walking, although generally a walk out of doors improved the condition and lessened the abdominal distress. The bowels were constipated, action occurring only once in three or four days; there was a frequent desire for stool, without result; the stools were dry, dark and small, requiring great effort to expel them. Occasionally there would be attacks of diarrhœa, watery in character, always with much flatus, and aggravated usually after eating. As far as symptoms are concerned, these were all I was able to obtain, but the character of the remedy was complete.

After the prescription, a slow and gradual improvement took place. Her face took on a better expression, was less pallid; her manner more sprightly, her step elastic, until, in fact, this poor gentlewoman became one of much interest. Now she was able to discourse on art, literature and music. In fact, I found her to be a well read person and a very good conversationalist. As spring came on, she was quite able to undergo all the demands upon her, incident to normal life. During the summer she kept house for her brother on rather an extensive scale. She still has some headache, but of a less severe degree, usually not lasting more than a few hours.

She improved until last fall, when there was a return of some of the symptoms, together with an attack of gout in the right knee. The pain was severe, keeping the patient awake at night. She was unable to remain in bed, for the pain and distress became worse as soon as she would stretch out the leg; sitting down was more comfortable, but the greatest relief was obtained by slowly walking about; this, however, could not be kept up long; it was too fatiguing —the knee felt weak. There were no other modalities. Another dose, gradually brought about entire relief, and to-day she is enjoying good health, so much so that she is able to come into the city every week.

In closing, let me repeat, that I look upon the symptoms of a drug as an expression of the character of a person. Just as one finds a character described in life, or in literature, so do we find the sick characters in our materia medica. The different types of character are limited, hence it must follow that the different phases of character produced by drugs are also limited. There are certain individuals who could not, be their illness what it might, typhoid,

pneumonia or gout, develop symptoms of certain drugs; just as in life, certain individuals would be incapable of a base act, or even of becoming insane; so that by a careful analysis of our patients, and a study of our materia medica we can almost predict the remedy or the class of remedies they will require.

THE FREQUENCY OF DISEASE OF THE RECTUM AND ANUS IN INFANTS AND CHILDREN.*

By Orlando R. Von Bonnewitz, M. D., New York City.

If we would do our full duty toward our helpless infants and young children we must give them the benefit of a careful examination. The frequency with which malformations of the anus, abnormal narrowing or partial occlusion of the rectum occurs in infants, would seem to compel us to include a careful examination of these parts in our routine inspection.

Even some of the minor conditions, if overlooked, may be sufficient to make the difference between a robust, healthy adult life, or just the reverse.

Eminent authors mention every other organ in the body as fit for careful examination, but I have yet to see one direct attention to the rectum and anus.

It would seem that this is a grave oversight in view of the important function of the large intestine. If the main drain or sewer of your house becomes choked up from any cause, and inadequate to carry off the refuse, it is looked after and corrected in a great hurry.

How many of you take the trouble to examine the rectum of your infant patients?

How many are competent to make a correct diagnosis if you do examine them?

We expect to find hæmorrhoids in adults, but seldom think of these in children. Milward reports pile conditions present in children of twelve weeks and less.

I believe that heredity plays an important part in hæmorrhoids,

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*Read before the Rotary Clinical Club, November 29th, 1910, and the New York Homœopathic Materia Medica Society, April, 1911.

not that piles can be inherited, but we frequently note a thin, lax, mucous membrane and a weak muscular development of the vessels of the proctodeum.

In children from five years up rectal diseases are very common, especially fissure, abscess and constipation, prolapsus and polypus.

Bleeding from the rectum of children usually means one of three things. The frequency in the order named:

1. Hæmorrhoids.
2. Polypus.
3. Ulceration.

Polypus may cause obstruction sufficiently to produce severe constipation and yet may not bleed. In such a case you might juggle the diet all you wished, but the constipation would still remain.

Even malignant growths are not as rare as we would like to believe. Rona reports several cases of cancer in early youth. Mischau, a case of scirrhus in a child of thirteen; Rooundtree, a case of sarcoma in a boy of ten. Tuttle has compiled a large list of cases of cancer, some in as young as five years.

How are we to know in a case of diarrhœa that the severe tenesmus is not a polypus caught between the sphincters, if we do not examine the canal with the finger?

How are we going to prove whether a child has colic or not if we do not examine the anus for an ulcer? The symptoms are very similar.

Ulceration will set up a very distressing pruritus in the folds or just inside the anus, quite sufficient to make the little one's life miserable. A safety pin was found by Wehr in the rectum of a baby who had been suffering for a year.

One of the most painful afflictions to which the adult is subject is fissure-in-ano; yet this is a very common trouble in infants and children. In a nurseling with the frequent bowel movements the pain must be intense. I believe that many a peevish baby is suffering from fissure.

The reflex symptoms of such a case are legion and will baffle even a *close* observer at times to make a diagnosis. I recall a case of fissure which had been diagnosed and treated for some time as rheumatism without result and the attention of the physician was called to the rectum only by the presence of some blood. The fissure was located and treated and the child never had "rheumatism" again.

Any child becoming peevish and fretful after a hard, constipated movement, should be examined carefully for a fissure, as this is the usual cause of fissure. But many times considerable damage may be done to the anus by the careless insertion of a syringe pipe. Few nurses seem to know the direction of the anal canal and, as a result, do damage every time they introduce a syringe. A careless introduction of a clinical thermometer also can do much harm here; these tears can easily become infected and a painful fissue result.

Pruritus ani is another affliction from which young children suffer, that is never mentioned in works on children's disease, while there is not the slightest doubt that it is of very frequent occurrence. I do not mean the true pruritis ani, but a severe burning and itching of the rectum produced by dietetic disturbances, catarrhal inflammations with irritating discharges. When you see a wriggling, squirming, restless, peevish child, it will pay you to examine the rectum and anus for ulceration or irritation.

Fistula in ano is not uncommon in very small children; it is probably due more often to an embryological malformation than to an abscess. Still when we realize the damage a syringe pipe or thermometer in careless hands may do, it is quite easy to see how an abscess might form, burst, and discharge, leaving a fistula in its place. It is a fact, however, that an abscess will heal quite frequently in the very young without leaving a fistula; while it is a very rare occurrence in an adult for an abscess to heal without leaving a fistula.

Pertussis, if the straining is severe, will cause a prolapsus of the rectum quite as well as diarrhœa; particularly is this a fact in a child who is emaciated and the fatty support is weakened. Some children of the hydrogenoid type are very prone to such prolapsus, as all the tissues seem to be lax and weak and incapable of standing much strain. Any straining even from the urinary organs as from calculus, phimosis or cystitis will cause this distressing condition.

Jacobi quite correctly claims that inflammation ascends to the upper bowel from the lower orifices. This view I set forth in a paper on "pruritus ani" at the last meeting of the State Society at Rochester, and explains very satisfactorily the etiology of a great many rectal ills we see in adults.

Various kinds of worms and their symptoms are carefully taken care of in the text books and need not be considered in this connec-

tion, the object of which is only to draw attention to the importance of examining the rectum of infants and children.

Any patient, young or old, who consults a physician is entitled to a careful examination of every part of the body which may have any bearing on their case, and the rectum is certainly a very important organ, and any serious interference with its function is sure to cause suffering and trouble.

It is too often the case that the medical attendant lays the blame on the stomach of the little patient, when, many times, too many, I believe, the trouble may be any one of a large number of rectal conditions.

The proper examination of the rectum of a baby or young child is not easy. It requires special instruments and special knowledge, but a great deal of suffering in babyhood, and good health in after life may depend on such a procedure, even if it entails a visit to a proctologist.

The importance of proctology as a specialty has been amply proved to the adult, and its connection with early life is daily being demonstrated by competent investigators the world over.

The "bogy" of a severe operation and long detention in a hospital has been largely dissipated. Local anæsthesia has reached a point which we can almost call perfect in about 90 per cent. of all the usual rectal conditions. It is just as painless as chloroform or ether without any of its dangers. I have never had a complication of any sort and I have operated with it in very young children and in very old people.

Failures in local anæsthesia are due, I think, for the most part, to imperfect technic. This is a thing not easily explained, only experience counts for anything in this as in any other special work.

The great trouble, I believe, is the fact that when administered properly the results seem so good and the technique so simple that it looks as though anyone could administer local anæsthesia, and the result is unsatisfactory, so the whole thing is condemned.

I can assure you perfect anæsthesia can be produced every time if properly administered and the operation done without the least pain during or afterwards.

In conclusion, then, I would say, if this imperfect paper will serve to create some slight interest in the subject of better examination of the rectum of your infants and children, the writer will feel that he has accomplished something by the effort.

2030 Broadway, N. Y.

THUJA OCCIDENTALIS IN A CASE OF FIBROID OF THE UTERUS.*

By George Hills Iler, M. D., Brooklyn, N. Y.

I know of nothing more discouraging, nor tending more to cause loss of faith and a reversion to some more easy means of prescribing than when a man has pondered long and earnestly, compared and studied, with repertory and materia medica, to finally decide upon a drug for a patient suffering with a chronic trouble that is rapidly leading to a serious condition; then to give this drug, with every assurance of success, borne of his belief in the law of similia, only to see no result.

Again, in some acute disease, we prescribe with every assurance of success only to be met with failure; or, again, when we see a cure, apparently due to our prescription, how often in our innermost consciousness do we doubt that the drug produced the results? Might the patient not have recovered as well and as rapidly had we given him a placebo?

When we have a physical condition dependent upon a morbid growth, as a tumor, one that is palpably present to the eye, producing a long chain of symptoms that can in no wise be doubted as due to this cause and when, after the administration of a drug, that seemingly corresponds to the symptoms presented, we can positively see a gradual reduction in size, and a subsidence of the vicious symptoms with a corresponding return toward health, we certainly feel that there is, indeed, a law that governs cure and that that law must be the one of our own faith.

Such, gentlemen, is the class of case I wish to present to-night.

SYMPTOMS—TYPE OF PATIENT.

Dark hair and eyes, of a bilious temperament. Naturally loquacious, lively, full of life. Now despondent, depressed, moody, apprehensive and sad, crying a considerable.

Teeth.—Poor; caries various.

Stomach and Intestines.—Appetite poor. No desire for food. Nothing tastes good. Flatulence even when but little is taken. Much rumbling in abdomen and belching of gas. Often complaining of pain and as if something moved about in the abdomen. (This

*Read at the Homœopathic Medical Society of the County of Kings.

was a very positive symptom.) Constipation relieved only by enemata.

Pains were mostly confined to the left inguinal and hypogastric regions. Always of a sharp, sticking character in the region of the left ovary and extending to left hip, anterior region of left thigh and sacrum.

Urine.—At times scanty, dark red when passed, and of strong odor on standing with heavy precipitation of urates and muco-purulent matter; again, very pale water, of low specific gravity. No sugar, no albumen.

Sleep.—Sleeplessness most marked.

Aggravation.—All the symptoms were most markedly aggravated in late afternoon and after midnight. Early morning being the best period of the day. Night sweats and emaciation.

PHYSICAL SIGNS.

Patient had had a bloody vaginal discharge which had been more or less constant for four years. At regular menstrual epoch, which occurred at about normal periods, the flow was so great as to compel her to go to bed, and lasted from seven to nine days. About every fourteenth day she would have an aggravation of the bloody flow lasting two to three days.

The patient was rarely without pain in left ovarian region extending to left hip and thigh. Distention of whole abdomen tympanitic, obstinately constipated, soreness over whole abdomen. Markedly worse over uterus and left ovary.

Bi-manual examination located a large, hard, rounded mass that seemed to involve the whole uterine body, extending to the left of the median line, probably two inches, and upward considerably above the symphysis. The whole mass was rather rigidly fixed, but capable of some motion, exquisitely sore, and seemed to involve the whole uterus, the depth of which was not exaggerated.

I first saw the case in the last week of September, 1910. Had Dr. W. W. Blackman examine the case in October, 1910, confirming my diagnosis. Began giving *thuja occidentalis* about October 15, 1910. One powder a day, 200c. Placebo every two hours, woman confined to bed.

Patient showed no sign of improvement until December, when she was able to be out of bed for short periods. In January, 1911,

she was able to go about the house and on the 15th of January examination revealed the fact that tumor was about two-thirds reduced, very movable and no soreness.

This was confirmed by Dr. Blackman at his office whither the patient was able to go.

Thuja was continued.

On March 7th, 1911, examination in my office. I could not find any of the former enlargement. Again examined by Dr. Blackman at his office on March 11th. He could not find any of the original trouble.

Last menstrual period was exactly on time. At the said period there was a showing lasting one day, did not confine patient to bed and was without pain.

Patient has increased about fifteen pounds in weight. Free from pain and says she has not been so well since the birth of her child seven years ago.

Since reading this paper I have had opportunity to re-examine patient. After an undue amount of work during the months of March and April she had a menstrual period somewhat exaggerated in amount and accompanied with more of the pain in former location. *Thuja* promptly relieved and she is perfectly well.

THUJA OCCIDENTALIS—ALLEN'S HAND-BOOK.

Thuja is especially valuable in persons of dark hair and eyes. Bilious type, high spirited, loquacious, lively and happy, followed by despondency.

Especially for pains in left side of body, heart and abdomen. Pains of a sharp, sticking nature.

Urine either scanty and red with muco-purulent sediment or pale, profuse and watery.

Abdomen much distended, worse evening and night.

Much gas and rumbling with sensation as if something were moving about in abdomen. Pain radiating to left hip, anterior thigh and sacrum.

Hence you see the similia was very close and to this I attribute the cure.

FLOWER HOSPITAL

Male Medical Service, March, 1911

By Walter Sands Mills, A. B., M. D., Professor of Medicine.

My tour of duty at the Flower Hospital in March, 1911, was in the men's ward. The total number of cases treated was thirty-four, some of them of special interest. There were two deaths. During my service I had the active and interested co-operation of the house physician, Dr. H. P. Knapp, and wish to record my appreciation of that fact. The nursing also was all that could be desired. I am indebted to the nurses for the temperature charts.

Case 1.—Man, aged 55; Scotland. Admitted February 15th. Acute articular rheumatism and delirium tremens. Dismissed cured March 4th.

Case 2.—Man, aged 30; England. Admitted March 1st. Facial neuralgia. Dismissed cured March 4th.

Case 3.—Man, aged 44; Italy. Admitted March 2d. Pleurisy with effusion. This patient had been tapped before he entered the Flower Hospital. He left at his own request March 5th.

Case 4.—Man, aged 46; Ireland. Admitted February 17th. Valvular heart disease with failing compensation. Was given digitalis. He was dismissed in very good condition March 7th.

Case 5.—Man, aged 23; Ireland. Admitted February 21st. Pleurisy with effusion. Tapped February 27th. Was dismissed cured March 7th.

Case 6.—Man, aged 29; United States. Admitted February 25th. Broncho-pneumonia. Treatment, bryonia. Dismissed cured March 7th.

Case 7.—Man, aged 46; United States. Admitted February 28th. Broncho-pneumonia. Dismissed cured March 7th.

Case 8.—Man, aged 37; Ireland. Admitted March 1st. Pulmonary tuberculosis. When told he was to be transferred to another hospital he asked for his discharge, March 8th.

Case 9.—Man, aged 50; Germany. Admitted March 6th. Was brought in unconscious; he had fainted in a subway station. Patient was found to have chronic nephritis. Left at his own request March 9th.

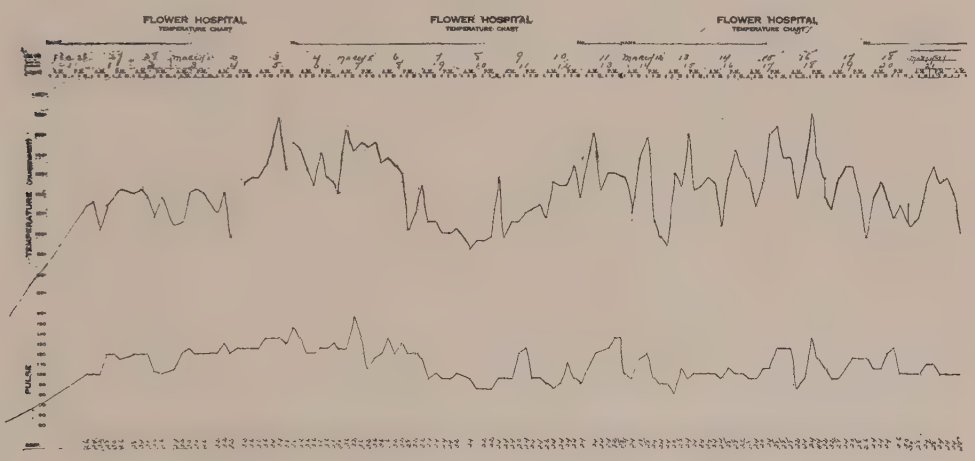
Case 10.—Man, aged 41; colored; United States. Admitted

March 10th. Acute articular rheumatism and tumor on head. Transferred to the surgical division March 15th.

CASE 11.—Man, aged 41; Germany. Admitted March 11th. Pneumonia and delirium tremens. Died March 18th.

Cases of delirium tremens are frequently complicated by the development of pneumonia. When this happens the mortality is very high. All cases of acute alcoholism should be carefully watched for this accident, and the lungs should be frequently examined as the onset of pneumonia is often insidious and may otherwise be overlooked.

CASE 12.—Man, aged 72; Ireland. Admitted March 13th. Rheumatism. Dismissed much improved March 18th.



CASE 13.—Empyema. Pneumonia first, empyema sequel. Patient had chills where greatest daily variations are recorded.

CASE 13.—Man, aged 24; United States. This patient was admitted by way of the ambulance March 4th, suffering from acute alcoholism. He promptly developed pneumonia, or, at least, we diagnosed it as such. The temperature ran up high and then started down. It did not get below 99 2/5. On the 16th pus was discovered in the chest, and patient was advised to submit to operation but refused. Patient was eventually removed to another hospital, March 20th, at the request of his family and his physician—an old school practitioner.

This is the third case of empyema I have seen that was diagnosed

pneumonia in the beginning. Each of them ran an apparently typical pneumonic course for a week or ten days. Then as the symptoms did not seem to ameliorate search was made for the cause and pus was found. The other two cases were operated and recovered.

One of them was seen in consultation, the other was in my service at the Flower Hospital a year ago. In both, although pus was suspected for several days, repeated insertion of the aspirating needle failed to discover it at first. It was only when a long needle was used, and the needle put in to a depth of three and half to four inches that pus was finally gotten. It was banked up in a longitudinal sac at the inner concave surface of the lung, very far from the outside surface of the chest from any point. This is worthy of mention because pus in empyema is most often sought where the ordinary pleural effusion is most often found, at the base of the chest and not very deep.

CASE 14.—Man, aged 40; Ireland. Admitted March 18th. This man was a waiter. He told a very circumstantial and detailed story of having been given a glass of wine by another waiter, and, on drinking it, finding that it contained ground glass. He knew it was so because he could feel the glass in his arms and legs, and all over. Diagnosis, delirium tremens. He left the hospital March 21st.

CASE 15.—Man, aged 30; Italy. Admitted March 14th. Convalescing from acute rheumatism. Dismissed cured March 22d.

CASE 16.—Man, aged 21; Ireland. Admitted March 13th. Acute articular rheumatism. Patient had had previous attacks. He also had chronic endocarditis with a double mitral murmur and an aortic stenosis. He was dismissed cured of his rheumatism March 23d.

CASE 17.—Colored man, aged 31; United States. Admitted March 17th. Rheumatism. Dismissed cured March 23d.

CASE 18.—Colored man, aged 20. Was found on the street weak and exhausted for lack of food. He was fed up and put on the hospital pay roll March 25th.

CASE 19.—Man, aged 21; United States. Admitted February 28th. Typhoid fever. For a week he had very scant diet, following out the plan of my predecessor. Then I gave the following list of things to be allowed the patient to eat:

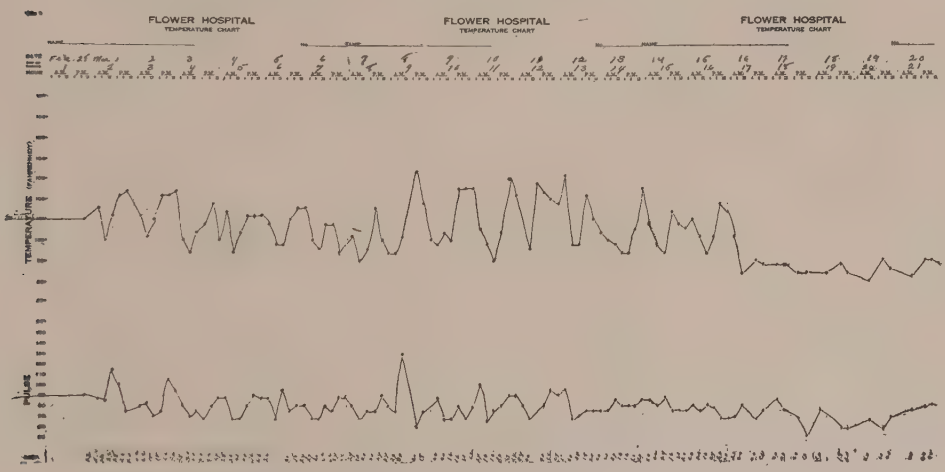
Milk, plain, peptonized, or diluted with plain water or Vichy, as the patient prefers; weak coffee, orange juice, lemonade, milk toast, soft boiled eggs, ripe bananas, jellies, custards, ice cream.

Patient to be fed every three hours, and changes made each time so as to give variety to the meals.

After that the patient was more satisfied and comfortable. The temperature first reached normal March 18th.

Patient was dismissed cured March 26th.

I wish to emphasize the fact that I believe in a liberal diet in typhoid fever. I have fed all my patients throughout the disease from some such list as the above for the past ten years, and have never seen any harm result. On the contrary, the patients do better. Nutrition is kept up, and when convalescence is once established the physician does not have to combat that excessive hunger and its con-



CASE 19.—Typhoid fever. Patient entered hospital about the second week of the disease. The daily variations are unusually great.

sequent evils of overfeeding and indiscretions in diet we read about in the text-books. Moreover, convalescence is more speedy because starvation has not been added to the effects of the disease.

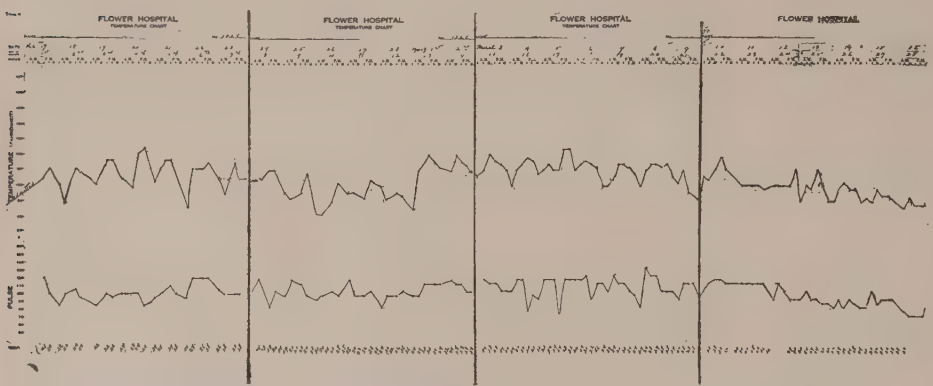
CASE 20.—Man, aged 30; Cuba. Admitted March 16th. Pneumonia. Dismissed cured March 26th.

CASE 21.—Man, aged 41; United States. Admitted March 22d. Terrific occipital headache. History of blow on head two months ago. Dismissed in good condition March 26th.

CASE 22.—Man, aged 33; United States. Admitted February 17th. Purpura rheumatica. The patient had purpuric spots on various parts of the body, and rheumatic pains in various joints,

February 17th to 24th he received rhus toxicodendron and crotalus in alternation. February 24th to 28th bryonia was substituted for the rhus. February 28th the patient was given phosphorus alone.

March 1st, when I went on service, the patient was very sick. He had numerous petechial spots on the body and extremities, one or two larger than the palm of one's hand. These were true ecchymoses, and one on the back later broke down and ulcerated like a bed sore. I was told that he had improved at first, but for a few days had been going down hill again. There were one or two superficial ulcers on the tongue, the lower gums and inside of the lips and cheek had a number of ulcers—ulcerative stomatitis. The tongue was coated; altogether the mouth was very foul and the breath disagreeable. The patient was delirious at night.



CASE 22.—Rheumatic purpura hæmorrhagica, sometimes called Schönlein's disease.

March 3d I changed the remedy to mercurius solubilis. Peroxide of hydrogen and listerine were used freely as mouth washes. The temperature was septic and the prognosis was unfavorable. After a few days improvement became noticeable, and then convalescence proceeded very rapidly. The patient was dismissed cured March 28th. Sac. lac. was given the last few days.

Altogether this was an extremely interesting case, and an extremely rare one. I have seen a few mouths like this man had in my hospital practice, but the patients have all died. I have seen but one other case of rheumatic purpura hæmorrhagica. He recovered. That was at the Metropolitan Hospital in January and February, 1898. The case was reported in the *Medical Times* of April of that year.

Case 23.—Man, aged 55; Germany. Admitted March 9th. Acute articular rheumatism. When this man entered the hospital he had been ill eighteen days. He was dismissed cured, except for some stiffness of the knees, March 29th.

Case 24.—Man, aged 32; Ireland. Admitted February 28th. This man was a grocer, accustomed to long hours and much heavy physical work He gave a history of shortness of breath on exertion, and a feeling of tightness of the chest, for three or four weeks. The legs were œdematous.

On admission patient was found to have a dilated heart, with failing compensation. He had a cough with bloody expectoration. He also had attacks of cardiac dyspnœa. Pneumococci and streptococci were found in the sputa. A diagnosis was made of hæmorrhagic infarct due to the heart lesion.

The diagnosis was made on the subjective and objective symptoms. (1) The heart lesion was the basis. What valve was first affected I do not know. When the patient entered the hospital there were several murmurs, the heart was dilated, and its action irregular and weak. In a case like that, as the disease advances, although locating the particular kind of murmur may be highly interesting, it is not of much practical value, because the muscular structure has given way and secondary murmurs are superimposed on the original one. (2) The cough, dyspnœa, and bloody sputa pointed to the lungs. Examination of them at times gave some of the physical signs of pneumonia, but the temperature was never above, usually below, normal. At other times there were distinct asthmatic attacks lasting a few minutes to half an hour or more, but asthma does not produce bloody sputa. The probability, therefore, was that as a direct result of the heart lesion an embolus had lodged somewhere in the lungs, producing the physical signs of consolidation and so on, and the bloody sputa. Pneumonia could be eliminated because there was no fever. Moreover, the sudden œdema of the right arm and hand, and the sudden death, noted below, served to confirm the diagnosis of hæmorrhagic infarct.

Later the patient developed pleuritic effusion on both sides. On March 16th ten ounces of fluid was aspirated from the left side of the chest; on March 17th sixteen ounces was taken from the right side; on March 21st forty-eight ounces was removed from the right side; on March 22d sixteen ounces from the left side; on March 27th twenty-five ounces from the left side.

During this time the swelling of the legs diminished. March 26th the right arm and hand became very œdematous quite suddenly, due probably to embolus. The patient's wife was told that this meant that death might occur at any moment. The general condition seemed good, everything considered, and the patient ate and slept fairly well. Patient died without premonitory warning a moment after talking with the nurse, March 30th.

Case 25.—Man, aged 23; Russia. Admitted March 9th. Patient had pneumonia of the right lower lobe. There was also a complicating laryngitis with aphonia, and a general bronchitis. March 15th the patient could speak aloud. He made an uneventful recovery.

This case was a little out of the ordinary for two reasons: (1) There was complete aphonia due to the acute laryngitis. I never happened to have met with this complication before. As the patient's knowledge of English was very limited a history was not obtainable, so that it was impossible to find out whether the aphonia was acute or chronic until the voice returned. At first I thought it might be tubercular. (2) The associated bronchitis was quite marked. One of the other pneumonia cases likewise had a marked bronchitis. This is not a very frequent complication of pneumonia in my experience.

Case 26.—Man, aged 50; Ireland. Admitted March 9th. This patient started with acute articular rheumatism in November, 1910. This was his fifth attack since that time. Each attack had kept him in bed about three weeks, giving him one week's respite, and then started in afresh. March 31st, when my service ended, he was up and about the ward, apparently well except for a slight stiffness in the ankles.

The elder Flint, I believe, was the first to point out that acute articular rheumatism was a self-limited disease, lasting on the average about three weeks. I do not know if emphasis has ever been laid on the possibility of relapses, but I have seen a number, although never before to the fifth. Relapses seem to be due to allowing the patient to get up too soon. Rheumatic fever is somewhat like typhoid in that respect. Unlike typhoid, however, rheumatic fever is more apt to attack the same patient at intervals of one or more years, instead of relapsing immediately as in this case.

Case 27.—Man, aged 32; Ireland. Admitted March 23d. Alcoholism and pneumonia. On admission the patient appeared to be on the verge of delirium tremens. Avena sativa tincture in 30 minim

doses every four hours controlled that. Alcohol was witheld. The avena was stopped March 26th. The pneumonia was in the right lower lobe. Patient was practically well March 31st.

CASE 28.—Man, aged 51; Ireland. Admitted March 24th. Acute articular rheumatism. March 31st much improved, and on the road to recovery.

CASE 29.—Man, aged 44; Austria. Admitted March 27th. Diagnosis uncertain. He vomited frequently a greenish fluid. There was no special pain or sensitiveness, no evidence of tumor, and the test meal revealed nothing.

CASE 30.—Man, aged 23; Switzerland. Admitted March 29th. Pneumonia right lower lobe.

CASE 31.—Man, aged 26; England. Admitted March 29th. Acute articular rheumatism. On my last visit, March 31st, this patient had developed an acute endocarditis.

CASE 32.—Man, aged 19; United States. Admitted March 29th. Epilepsy. No paroxysms to the time I went off duty.

CASE 33.—Man, aged 58; United States. Admitted March 30th. Acute articular rheumatism.

CASE 34.—Man, aged 43; Ireland. Admitted March 31st. Pneumonia.

ARTHRITIS DEFORMANS (CHRONIC).—PART THREE.

By St. Clair Hitchcock, M. D., New York City.

Through a large number of analyses made for all sorts of conditions, Dr. Lindsley F. Cocheu has, through most careful tests, brought to light the fact that very rarely is indican to be found in the urine. In contrast to this does he find that indican appears with comparative frequency when we consider only cases of chronic rheumatism and arthritis deformans. This is in itself an interesting feature of these cases. Concerning such cases it has been contended by some that the line should scarcely be drawn between acidity and alkalinity, as it has been supposed that the condition of the patient would readily swerve from the one side to the other, from time to time, either during the day or a certain stated period. In none of the cases examined by us has there been an alkaline reaction, and almost without exception the reaction has been very strongly acid. Almost every case has presented a urine of low liquid and high solid content, high specific gravity, large amount of urea, etc.

As to the latter, it is interesting to note that, in spite of the high percentage of the acid present, these crystals frequently appear in large masses. Although one would conclude that the high percentage of acid is due to uric acid, we are of the opinion that it is often due to an increased amount of phosphoric acid. So that it might be said that such cases are suffering from *phosphoric acid excess* rather than the uric acid commonly spoken of. In one instance only was a neutral reaction obtained, and even this case, within a few days, yielded an acid reaction of fifteen degrees.

The following is an example of the effect of these *treatments* on the kidney action. Before treatment was instituted the following condition was found:

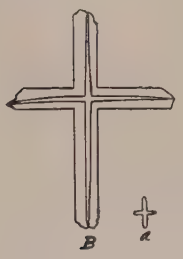
Specific gravity, 1.023; urea, 13.4 grams, and the total amount passed in twenty-four hours was 650 c.c. The urine was a typical specimen of concentration, while from the complete report following will be seen the marked change which took place immediately following a sodium chloride kataphoresis treatment:

AMOUNT OF URINE PASSED IN TWENTY-FOUR HOURS.

Normal.		*Findings.*
1350-1500 c.c.		1180 c.c.
Clear.	Transparency.	Cloudy.
	Reaction:	Normal, acid 30%.
None or scanty, flocculent.	Sediment:	Scanty.
Vogel No. 2-4.	Color:	No. 4, amber.
Aromatic.	Odor:	Strong.
1.015-1.020.	Specific gravity:	1.016.
20-30 grams.	Urea:	12.98.
55-60 grams.	Total solids:	43.99.
10-15 grams.	Sodium chloride:	10.74
2-3 grams.	Sulphuric acid:	2.6
2 5/10—3 grams.	Phosphoric acid:	0.89.
	Indican:	Negative.
	Sugar:	Negative — Fehling and subnitrate of bismuth.
	Albumin:	Negative — Ferrocyanide and sodium chloride.

MICROSCOPICAL EXAMINATION.

Crystals:	Cystine (very scanty). *No uric acid.*
Pus corpuscles:	Negative.
Epithelia:	Upper vaginal and bladder (moderate), middle bladder (scanty).
Casts:	Negative.
Bacteria:	Of decomposition (scanty).
Blood corpuscles:	Leucocytes (scanty).
Diagnosis:	Low elimination.



NOTE.—A and B represent comparative sizes of crystals under ordinary circumstances and in these cases.

It is not uncommon to find red blood cells, although leucocytes appear more frequently. Crystals of calcium oxalate are often seen, being replaced, from time to time, in the same cases by crystals of sodium urate. Complete triple phosphates and simple stellate phosphates appear abundantly in many specimens. In fact, it is somewhat significant that these crystals not only appear in heavy masses, but are individually of gigantic proportions, being several times larger than similar crystals found in any other specimens recorded, either in Dr. Cocheu's laboratory or the text books.

Despite the apparently drastic measures employed in handling these cases, it is pleasing indeed to observe that all the specimens tend to become normal shortly after the treatments have been taken up. Every case, so far, has yielded to the test for *anæmia.*

Hæmoglobin is usually low—50-85 per cent. No doubt some

cases would have presented an interesting but startlingly low percentage had their blood been tested at the start. The red blood corpuscles may or may not show a relative deficiency. The white corpuscles are usually either normal or slightly high. The quantity of blood is apparently diminished, though a few tests have found the quantity good with quality poor.

It will be remembered that we mentioned previously the negative

Fig. 1. "This photograph was taken before treatment. A living statue. Arms and legs immovable as stone."

Fig. 2. Fingers extended naturally and spread out, legs crossed. Patient had been knitting. Time 45 seconds.

earth spray given in the office and the negative earth galvanic current in the home, as being especially efficacious, when applied to the spine, in enabling the stomach and intestines to derive the necessary nourishment from the ordinary food ingested. Electrical treatments should be likewise directed upon the abdomen to aid peristalsis and overcome general torpor or paralysis of the bowels.

In the instance of Mrs. F.'s recovery no tonics could be tolerated until recently, and red meats were allowed several times a week.

At the start this patient, immovable as a statue, and saturated with old school salt treatments, was of a saffron complexion, while the ears were transparent. So poor was her condition the writer despaired of prolonging life long enough to effect any improvement whatsoever. Bouillons and dilute beef juice were administered at first pending an improvement from arsenicum album, 30th-1,000th, given at frequent intervals. It is appropriate to record here that a mapped, indented, fissured tongue with a yellow patch down the

Fig. 3. Legs can be extended or flexed and arms raised. Time 40 seconds.

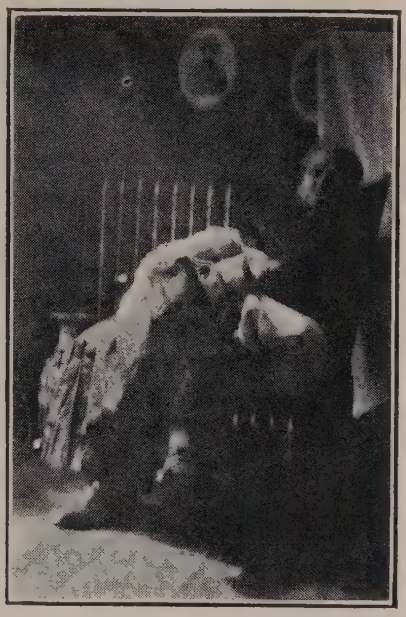


Fig. 4. Relaxation is normal and plesaant.

center, together with aggravations from damp weather, failed to respond to any remedy until *phytolacca fluid extract* was given in repeated doses. The stomach and alimentary canal were then able to take up solid foods with red meats. Frequent exacerbations due to damp weather and cold winds, despite locked windows, necessitated continual treatment of the negative current along the spine, in addition to repetitions of the phytolacca in strong doses. One year

of this treatment incidental to the more important treatment for the knees and hands, established a complete resistance to any changes of weather. Three months later this woman was going up and down stairs, and even out on to the sidewalk, where she walked the length of the block, leaning on the arm of an attendant. She had now arrived at the stage where she could readily come to the office to receive these treatments from the static earth breeze, which are so far superior to the galvanic. Unfortunately at this time, while

Fig. 5. Leaning over and picking up her sewing. One minute.

Fig. 6. Arms raised and fingers extended. Two minutes.

sitting one hot day before an open window, she succumbed to an acute attack of lumbago, owing to a sudden and refreshingly cool wind. Although the treatments very soon dispelled the acute pangs of this siege, the onset of winter compelled her to forego the advantages of office treatment. Rendered now susceptible to sudden changes of temperature and going meanwhile to the dining-room for meals, this unfortunate sufferer developed an attack of pneumonia affecting the right lung. This is just now cleared up, and

the heart, which showed a murmur one year ago, alarming in character—aortic insufficiency,—was strong all through the attack, while the murmur was barely perceptible. An anæmic murmur previously existing failed to return.

It will be remembered that when this patient was injected about the knees a year ago the suffering due to her lowered vitality was quite intense, but the results were well worth the undertaking. For the extent of motion brought about by the regular treatments had

Fig. 7. Standing erect for two minutes.

Fig. 8. Both arms raised. Time one minute.

produced but an inch of extension and flexion, nor had the arms improved much more, the hands being drawn up under the chin. After what was apparently an acute attack of articular rheumatism, subsequent to the injections in the knees, not only did the legs show an increased extent of motion, but even the elbow joints and wrists became flexible. Moreover soft gelatinous masses appeared at the elbows, while pebbly lumps came up around the knees, and the flex-

ion of these joints produced a grating which felt like crushed rock Since then the regular treatments of sodium chloride kataphoresis applied externally have been sufficient to produce the results as shown in the accompanying photographs.

Progress has not been so rapid as it should have been, since the writer failed to see her for three weeks at a stretch on three different occasions, owing to other severe cases.

Hotel Marie Antoinette, Broadway and 66th Street.

PREVENTIVE MEDICINE.

By Fred. J. E. Sperling, M. D., Wilkesbarre, Pa.

We find that from the beginning mankind has suffered in some manner either by sickness or accident. Physicians have given up their lives in an effort to assist and possibly relieve the many sufferers.

By study and experiment we have gained extremely valuable knowledge, showing us how to manage and prevent disease, and how to use drugs.

Certain laws are made and fixed by nature. We must obey her laws. Nature does not intend that we should undergo sickness unless we violate her laws. When sickness manifests itself it is the result of sinning against nature. I firmly believe that if the body is in a good healthy condition, few, if any, diseases will take hold upon it. "The future of the physician should be to practice preventive medicine as near as possible."

There are great laws of health and life, which, if disobeyed by the individual,bring down penalties. Natural laws cannot be contravened without being followed by penalties upon the violators.

May I suggest that the dust raised by automobiles, the improper disposal of sewage and garbage, and unisolated patients, all cause diseases to grow and spread. At the present time the dust raised by automobiles is very annoying. These days the weather is growing warmer, the flowers are in bloom, and the roads are clear and inviting. Perchance you drive or walk, every little while an automobile goes by, you cannot see ten feet behind the machine. The suburban homes are covered with dust, the carpets, curtains, furniture and other furnishings are ruined. The only protection is to

close the windows and doors, which is unpleasant owing to the present temperature.

The filthy dust raised by automobiles is a combination of soil, sputum, refuse of various kinds, oils, etc. The sputum is expectorated often from people suffering from tuberculosis, syphilis, etc. The sun is in many instances prevented from destroying these germs since the infection is covered by dust.

The amount of dust we inhale daily is enormous. Dust produces many diseases, and ought to be prevented. How can we get rid of this source of infection? Cleaning and dusting the house every day helps some, yet the dust is distributed in such large quantities that under present conditions it is impossible to get rid of the dust until the cause is prevented. Street dust can be best prevented by oiling the streets once to three times a week, according to conditions of the weather and traffic.

It has been carefully estimated that it costs about three to six cents per front foot to give an ordinary road a good covering of oil. It seems that we are advancing in most every respect except this particular one. We ought to do something to prevent the daily accumulation of dust on our main avenues. It can be prevented if the proper procedures are taken.

Around the large hotels and where several cottages are together there ought to be a system established whereby the oiling can be done as often as necessary. If proper oil is used the road does not become sticky, consequently the soil does not adhere to the shoes and to the bodies of automobiles.

The disposal of sewage and garbage is a very important item at summer resorts. Great care must be used that we do not permit sewage to empty into a small body of water which is standing; for instance, a lake. Do not allow garbage to collect on the premises. Allowing it to collect permits the breeding of millions of flies and mosquitoes.

We usually find that where garbage collects there is a stagnant pool of water in close proximity, which makes an elegant medium for mosquitoes to feed and thrive upon. May I suggest that all garbage be collected in barrels or cans with clamped tops? When the cans are full they can be carried away and the contents either burned or buried. Sewage can be treated in a similar manner. However, in summer resorts, if possible, the sewage can be pumped

through pipes to a large, open cultivated field and there distributed upon the surface, exposing same to the sunlight, and then ploughing the refuse under as it collects.

I firmly believe that we ought to pay more attention to the isolation of patients suffering from infectious diseases. We prevent small-pox by compulsory vaccination. This is almost a law unto itself. We are at present taking a serious hold upon tuberculous patients, and sending them to sanitariums. Such diseases as gonorrhœa and especially syphilis ought to be taken care of at once. Syphilis and gonorrhœa ought to be isolated, and the sooner it is done the better it will be for those who are in good health. Syphilis and gonorrhœa are very active and common diseases. We must get active in this one particular line and spend more time on these diseases. We have spent millions of dollars and considerable time upon tuberculosis, investigating the various treatments and making provings of certain remedies at sanitariums. Is it not time now to investigate syphilis, isolate the serious cases and thus prevent its rapid spread?

Births, deaths, diphtheria, scarlet fever, etc., are all reported to the board of health, but not venereal diseases of the most virulent character, the effects of which are felt in the third and fourth generation, and which are hidden from the members of the family. "It is true that the duty of the physician to his patient and to the public seems sometimes to conflict, but should the ethics of the profession demand that the good of the many be considered before the good of the few?"

The diet is an important factor in maintaining good health. It is this errror which causes many of our diseases. Eat slow and be sure you masticate your food thoroughly before swallowing same. We should eat wholesome, nourishing food. Avoid salted, canned and smoked meats as much as possible. Use little pepper, salt, spices, aromatics, etc. Do not drink strong coffee or tea. Do not eat very hot foods. Avoid hot pastries and buns which are not properly baked. Drink plenty of good water, and take it at regular intervals. Avoid highly seasoned and pickled foods. Do not overload the stomach, rather stop eating when you are just satisfied, and do not eat more because it appeals to your taste and thus take an over-abundance of fruit, nuts, etc. Avoid foods which are fried in too much butter. Eat plain, well cooked vegetables. Avoid drink-

ing too much with a meal. Do not eat frozen desserts too rapidly, such as ice cream, sherberts, punch, etc. During the summer months eat very light; we need less food during this season. Bananas are not beneficial.

Good nourishing sleep gives youth to our bodies. Retire early and regular each evening. The nights are being turned into day. There is entirely too much reading and sewing during the midnight hours, thus producing nervous symptoms and defective vision.

To dress properly and wear simple, uncomplicated clothing is an art. It is always best to wear light weight, short skirts. The skirt must be made so it is three inches above the ground, thus avoiding the unnecessary sweeping of the sidewalk, consequently preventing the picking up of all kinds of infected dust. The skirts ought to be dusted and well brushed each day. May I suggest that it is a good plan to hang all skirts out in the air once a month, exposing them to the sunlight. If the skirt is the proper length no braid is necessary, as this assists in collecting dust, etc.

The young ladies can avoid numerous nervous spells, neuralgias, rheumatism and reflex pains by wearing a properly fitted shoe. The shoe must fit well, not too tight, and the heel low. Corsets do as much damage as any one article of dress. The corsets are laced too tight, and, furthermore, are used to build up an unnatural shape. Healthy people suffer numerous diseases from this pressure and the upward and downward dislocation of the vital organs. The air spaces of the lungs are of vital importance. By means of the tight corsets, the air spaces are reduced to one-half of their capacity. Some people cannot and never will be able to follow the present system of fashion. They are not built or developed so as to wear certain styles of corsets, and ought, therefore, refrain from using them.

The babies are clothed entirely too much. Dress the baby in light, cool dresses. Should it be a girl, avoid dressing in too many starched goods, as these make the baby uncomfortable. Avoid using too many pins. While the baby is asleep cover her with a net so the flies do not disturb her sleep. Do not let her go to sleep with the bottle in her mouth.

The mother and father should instruct their children how to live. I feel we cannot and do not start soon enough to instruct the children. Give early sincere and honest teaching how they must live, and tell them what they must expect in the future as they grow up.

Many children are neglected; the parents of the present day do not take the interest in their children that they should, trusting entirely to the nurse girl or to relatives. Start instructing as soon as possible on personal hygiene, thus avoiding immoral practice. Parents do not realize what is going on until the calamity befalls them.

Sexual abuse is one of the worst habits we have to contend with in the young. It takes years of careful training and medical attention to overcome the nervous symptoms. Very often the physicians fail to advise the parents concerning the instruction of children. The mother should teach the girl what she is to expect at puberty and how to care for herself in the future.

Air is a necessity. We need plenty of air and ought to be in the open air as much as possible. Have the homes well aired. Allow as much air into the sleeping rooms as possible, without producing a draft which may strike the person in bed. The homes are entirely too close; we do not get as much pure air as we need. The ladies and especially the mothers remain too much in doors.

It is advisable for persons suffering from weak lungs or those who catch cold easy to sleep out doors. A bed can be made in a hammock with springs and mattress embodied therein and placed on a screened porch, which is lined with mosquito netting. People in the best of health attribute their good health to sleeping in the open air.

The nursing mother often neglects the baby by not nourishing him properly. If after a month you see the infant is pale and sickly and poorly developed have the milk tested. Very often we find the milk to be unfit to feed the infant and the child is drugged to death because it cries. The truth is that the baby is starving and wants food. Give the infant water to drink; feed on modified milk, and try to build up the breast milk.

My experience has taught me that many business men are now suffering from numerous diseases since they neglect the call of nature. We must attend our daily calls with promptness, we must take the time and not neglect our health for business engagement. Constipation is one of the most important diseases which a physician is called upon to treat. Hundreds of diseases follow faulty eliminations of the bowels. Again, as soon as a patient does not feel just exactly right he resorts to a physic whether he needs it or not. Often he uses a laxative or purge at the suggestion of the druggist

or a friend. It is advisable always to consult a physician when you are ill instead of following the advice of a druggist, and use what he thinks will do. Have a regular time to stool, whether the desire is present or not. Occupy the mind by reading. Regulate the bowels by diet as heretofore mentioned, and use plenty of water. Take exercise, as lack of exercise often produces this disease.

Many men are too careless about expectorating on the sidewalks, hallways and in the street cars. We must refrain from this disgusting habit. Fortunate enough, a law is now being put into effect which imposes a fine for expectorating on the sidewalks or in the street cars. This is a wise move. We, as physicians, must insist on these laws and see that they are enforced, for we must tell the people how to avoid disease.

In conclusion, may I add that every man is a law unto himself, which proves that what is beneficial for one is not good for another, so do not prescribe for yourself because your neighbor uses so-and-so for a certain symptom and gets well. It may be poison for you.

MEDICAL UNITY.

An Address by George F. Laidlaw, M. D.

My reverend friend on my right reminds me how sweet it is for brethren to dwell together in unity. I agree with him. Medical unity is one of the most active questions before the profession today. Medical journals urge it. The American Medical Association has been working for years to unify the medical profession in this country, holding up before us a pleasing picture of all physicians united in one organization for the honor of the profession and the benefit of humanity. It must be admitted that there is much that is attractive in this picture, all working together as brothers at the same task of preventing and curing disease; no more oppression, no more slander and abuse, no more sectarian organizations which separate us and are supposed to weaken our public influence and impair our dignity. This picture of unity and brotherly love is charming and its realization demands our serious thought.

However, those who advocate medical unity as a desirable thing forget that the medical profession has already tried it. For nearly one thousand years, medical schools in Europe, Asia and Africa

were united under the leadership of Galen. All physicians learned the same thing and thought the same thing. There was absolute unity in thought and teaching, and yet this period of a thousand years was the most sterile, the most stale, flat and unprofitable period that medicine has ever known. Theoretically, this should have been the halcyon age of the medical profession, but it was not. We date the foundation of modern scientific medicine from the time when the individual physician broke away from this medical unity and developed his own individuality, following not the beliefs of his fellows but truth and his own eyesight. We speak of this time as the renaissance of medicine. Not when physicians were united and all believed the same thing, but when they differed and when they differed passionately and radically, did modern medicine assume a form that satisfies the mind and conscience of the modern man. Progress in medicine has come not from unity but from conflict and difference of opinion and the free play of individual thought.

Without recrimination, then, it is for us to whom medical unity is offered to reflect why the ideal and the practical result of unity have differed as widely in the past. Why did not this medical unity have better success? I think that we will find the answer in the peculiar constitution of the human mind and its relation to truth. If truth could be grasped as a whole and understood, if truth could be comprehended in set formulas, then the unity of the profession on a basis of absolute truth would be possible and desirable. But the human mind has never been able to grasp absolute truth. As far as the human mind is concerned, truth is mobile, liquid and flowing, ever presenting new sides to different men and to different generations. When you attempt to state truth in a formula or make a diagram of truth, you catch only one phase of it. It is like a photograph of running water. It is not running water but only one phase of it. Truth cannot be fixed in formulas, and when any school of philosophy or theology or medicine has thought that it fixed truth in a formula, it has only fixed one side of truth, one aspect of it.

In spite of this inherent impossibility of comprehending absolute truth, such is the passionate longing of the human mind to grasp truth and understand it that the mind always is attempting it and always will attempt it, and this is the origin of systems and institutions in philosophy or medicine. The system is our effort to state truth in

intelligible form, but there are always aspects of truth beyond and outside of the statement, aspects which at some time or other are caught and developed by those outside the system, and this is the rallying point of the sect. Sects seem to exist for the purpose of developing and preserving those aspects of truth which escape formulation in the system.

To my mind this essential quality of truth renders true unity of the profession impossible.

You will object that the modern body of physicians does not claim to be a school, and even resents being called a school. Yet if all physicians are to be members of the same organization, there must be general agreement on definite principles. A school in medicine is not necessarily a formal organization, but, like the ancient church universal, it is constituted by all those throughout the world who believe in certain principles. You will also object that the idea of medical unity is not to compel physicians to believe this or that principle but to unite only on certainties which we all hold to be true. My answer is that there are no certainties. The certainty that we believe to-day disintegrates to-morrow, as the kaleidoscope shifts and new views of truth are revealed. It is these very certainties whose disintegration will be the task of the outsider.

Not only do I think medical unity impossible but also undesirable. It is undesirable because it exalts the institution at the expense of the individual. It is curious that a nation that believes in party government, that believes in the value of a strong opposition and the independent voter in politics and freedom from state control in religion should think state control in medicine and a single school of medicine a desirable thing. History teaches no clearer lesson than this, that the future of medicine lies in the individual and not in the institutions. Institutions are conservative. They stand for a fixed formula, for permanence, and must inevitably try to preserve things as they are. Progress in medicine and in all science has never come from the institution, but always from the growth of the individual as opposed to the institution. The only atmosphere in which the individual can develop is that of perfect freedom, freedom to think, to experiment and especially to teach and to form his heretical associations and groups, to be foolish and fantastical, if you please, but always he must be free.

The individual left to himself does not tend to unity but to diver-

sity, to wider and wider differentiation from the mass; but, as a matter of self-preservation, medical unity has always checked this divergence, and must always check it. No system of government or medicine consciously permits that to rise within it which will destroy it; and this is the beginning of medical despotism. The ideal of medical unity has always checked individual divergence from Paracelsus and Vesalius and Harvey to Hahnemann, of Leipzig, and Semmelweis, of Vienna.

I do not protest against all organizations. Organizations are necessary and useful. The instinct for organization and unity is as natural and useful as the instinct for freedom and divergence; but I do say that perfection of organization can be carried to a point where it hinders the development of the individual and the progress of medicine. In its enthusiasm for a perfect organization, the promotors of the American Medical Association lose sight of these facts so plainly taught in the history of medicine, that schools and institutions are developed at the expense of the individual, but that progress in medicine rests on this very individual divergence that institutions are bound to suppress. To preserve themselves, these schools and institutions must act and have invariably acted despotically towards individual divergence, as the medical associations of this country acted toward their colleagues who took up homœopathy fifty years ago, and as the American Medical Association itself has acted in recent years. Therefore, I say that the ideal of medical unity is a delusion, a snare, false in principle and fatal in practice.

SPRING SONG.

(*Festina Lente.*)

I.

What if her tongue be yellow, brown,
And she is sore from heel to crown,
Nor can do ought but lay around,
Send Calomel.

II.

What if her eyes won't stay awake;
She nods as tho' she'd break her neck;
You *must* know what she ought to take—
Send Calomel! For goodness sake!

III.

What tho' her heart turns round and round,
And jumps about all upside down;
If you would catch it on the bound,
Send Calomel to make it sound.

IV.

What if she feels small aches within,
But nought to that which might have been!
The Hepatic soul is steeped in sin—
Send Calomel.

V.

What if she feels so far from well,
The wherefore *you* can always tell
Enough—to say she feels like——
Send Calo-mel.

EDITORIAL

COMMENCEMENT, 1911

The commencement exercises of the New York Homœopathic Medical College and Flower Hospital will be held Wednesday evening, May 31st, at 8:30. The exercises will be held in the beautiful hall of the United Engineering Societies, 29 West 39th street.

The principal address will be by the Rev. George C. Peck, D. D., of St. James Methodist Episcopal Church. Other addresses will be by the Hon. Melbert B. Cary, president of the Board of Trustees, and by the dean, Dr. Royal S. Copeland.

The complete program follows:

Program.

Music—Entre. "Directorate" .....*Sousa.*

Prayer—Rev. George C. Peck, D. D., Pastor of St. James M. E. Church.

Introductory Address—Royal S. Copeland, M. A., M. D., Dean of the Faculty.

Music—Idylle. "Beauty's Bower" .....*Bendix.*

Conferring of Degrees—Hon. Melbert B. Cary, President of the Board of Trustees.

Awarding of Certificates of the Metropolitan Hospital—Arthur L. Root, M. D., President of the Medical Board of Metropolitan Hospital.

Awarding of Prizes—Royal S. Copeland, M. A., M. D.

First Faculty Prize, a Microscope.

Second Faculty Prize, a Microscope.

The Alumnus Trustee Prize for the highest standing in all the Freshmen, Sophomore and Junior Studies, conferred by William W. Blackman, M. D., Alumnus Trustee.

Announcement of the successful candidates for the Hospital Appointments—John W. Dowling, A. B., M. D., Secretary of the Faculty.

Music—Quartette. "Rigoletto" .....*Verdi.*

Address to the Graduating Class—Rev. George C. Peck, D. D., Pastor of St. James M. E. Church.

Music—Recessional. "Popular" .....*Remick.*

Alumni Day will be Thursday, June 1st. In the morning from ten to eleven o'clock the visitors will be divided into two sections to visit the chemical and the bacteriological laboratories. Interesting demonstrations of value to the practitioner will be made in both these laboratories. The sections will change laboratories at ten thirty.

From eleven until eleven forty-five there will be a physiological demonstration in the senior lecture room, a demonstration illustrating the factors influencing blood pressure.

From eleven forty-five until twelve thirty anatomical pictures and lantern slides will be shown by means of the new projectoscope in the junior lecture room.

From twelve thirty till one there will be lantern slides illustrating medical subjects.

Luncheon will be served by the College at one o'clock. At two thirty there will be a business meeting of the Alumni Association. Some topics of importance will be brought up for discussion, and a large attendance is desired.

During the day ample opportunity will be given to visit the buildings in all parts, to inspect the new isolation ward equipped by the munificence of some of the trustees, to inspect the motor ambulances, to see the improvements in the grounds made possible by other of the trustees, and to greet old friends.

The classes of 1861, 1866, 1871, 1876, 1881, 1886, 1891, 1896, 1901, and 1906 will have reunions. Next to the graduating class, the class of 1886, out twenty-five years, will have the center of the stage.

The annual banquet of the Alumni Association will be held at the Hotel Astor at 6:30 P. M. The toastmaster is William Lathrop Love, '94. The program for that function will be found in the letter of the corresponding secretary published elsewhere in this issue.

FLOWER HOSPITAL TRAINING SCHOOL FOR NURSES COMMENCEMENT.

The annual commencement of the Flower Hospital Training School for Nurses was held in the college building, Thursday evening, April 20, 1911. Dr. Royal S. Copeland, Dean of the College and Director of the Hospital, presided.

The Rev. Dr. Howard Duffield opened the exercises with an in-

vocation. One of his daughters was among the graduates, and another presided at the piano. Signor Andrea Sarto sang several songs.

The Rev. Dr. John Haynes Holmes, one of the Trustees of the College and Hospital, delivered an address. Dr. Holmes, after expressing his pleasure at the privilege of addressing a class of nurses, spoke of the late Florence Nightingale, the originator of nurses' training schools. He told how this woman, well born, lifted nursing from a work for low and dissolute women, to a noble profession, honored and made honored by gentle and cultivated women. He said that long after wars had ceased, and long after Florence Nightingale's work on the field of battle had been forgotten, tradition would hand down her name as the founder and organizer of nursing as a profession.

Dr. Holmes said that once colleges were for the sole purpose of educating clergymen. At that time clergymen formed the only educated class. Now education was general. Once the professions were set apart, and members of the professions were supposed to have higher ideals than other people, and to live and act accordingly. Now the ethics of professional life were extending to business.

He welcomed the members of the graduating class to the ranks of professional life.

Dr. Copeland administered the Florence Nightingale oath, a modified Hippocratic oath, to the class, and then presented diplomas to the following members, the class of 1911:

Mary Agnes Meighen, Bessie Mae Underhill, Carrie Adele Knowles, Laura Georgia Finney, Leona Elizabeth Rasbach, Effie Agnes Carruthers, Oressa Madge Patterson, Avis Zeigler, Hazel Ann Moore, Ada Florence Heather, Eleanor Van Dyck Duffield, Alma Irene Waelchlt, Hazel Irene Tournier.

After the benediction by the Rev. Dr. Duffield, a collation was served. This was followed by dancing.

There was a great profusion of flowers, and the rooms were beautifully decorated for the occasion.

PROFESSOR MINTON APPOINTED TO STATE BOARD OF MEDICAL EXAMINERS.

Henry B. Minton, '87, Professor of Medicine at the New York Homœopathic Medical Hospital and Flower Hospital, has been appointed a member of the State Board of Medical Examiners.

WORK AT THE FLOWER HOSPITAL FOR THE MONTH OF APRIL, 1911.

Number of ambulance calls	565
Number of patients treated in emergency room	221
Number of surgical cases admitted to hospital	170
Number of medical cases admitted	105
Number of maternity cases	13
Number of cases treated in out-patient department	2,661

TWO AUXILIARY ALUMNI ASSOCIATION MEETINGS.

Editor CHIRONIAN:

The Western New York Auxiliary held its meeting in Rochester on April 14th, convening after a meeting of the Western New York Homœopathic Medical Society. Its semi-annual session was held at 2 P. M., in the Genesee Valley Club House. After a delightful and informal dinner a goodly number assembled to hear Dr. C. C. Howard's paper and afterwards Dean Copeland's talk with illustrated slides, showing the work of the College and Hospital. Of these, the photographs of the former classes and the familiar spots of the College and Hospital, evoked a great deal of comment. As a representative of the College Committee, the chairman added a few words to what Dean Copeland said. There was a good crowd out, among them being L. L. Button, '95; W. C. Daly, '02; V. A. Hoard, '81; D. B. Jewett, '02; P. W. Neefus, '77; Thos. Parsons, '95; Wm. Perrin, '01; L. J. Sanders, '95; C. R. Sumner, '77, and E. H. Wolcott, '81. The officers elected last year were continued. President, Chas. R. Summer; Secretary, Wm. Perrin.

On April 18th Dean Copeland, Dr. Orlando S. Ritch, president of the State Society, and the chairman of the College Committee, journeyed to Elmira for the meeting of the Southern New York Auxiliary, which was held in connection with the Southern Tier Homœopathic Medical Society's semi-annual meeting. They had a number of interesting papers during the afternoon, in the discussion of which we all took part. In the evening a rousing homœopathic symposium was held. The chairman of the College Committee presented a paper upon "Homœopathy of the Present and Future," which was discussed by almost every one present, as was the illustrated address of Dean Copeland, giving an account of the work of the College during the past year and the prospects for the future.

All those present dined together that evening, and among the alumni who took part were: Jenks, '68; Noble, '90, and Howland, '95, of Elmira, and Rodgers, '98, of Corning. Barden, '62, came over from Canandaigua to the meeting, as did Winters, '90, of Binghamton. E. W. Bryan, of Corning, the Nestor of the homœopathic school in the Southern Tier; E. E. Snyder, of Binghamton; Frank W. Adriance, of Elmira; Arthur Besemer, of Marion, Wayne county, were among the others present and taking part in the discussions.

The officers of last year were re-elected—President, George H. Jenkins, of Elmira; Secretary, Bernard Clausen, of Binghamton.

Yours very truly,

HERBERT D. SCHENCK, M. D.,
Chairman of the College Committee.

MEETING OF AMERICAN MEDICAL EDITORS.

The 42d annual meeting of the American Medical Editors' Association will be held at the Alexandria Hotel, Los Angeles, Cal., June 26th and 27th, under the presidency of Dr. J. MacDonald, Jr.

Unusual efforts are being made for this annual convention, and members are urgently solicited to be present. Plans already matured enables the Executive Committee to assure those who will attend a most interesting session, both from a literary as well as a social viewpoint.

THE RECTAL CLINIC.

A new rectal clinic has been established in the Out-Patient Department of the Flower Hospital. It is in charge of Dr. Orlando R. von Bonnewitz, who has made rectal diseases his exclusive work for several years.

METROPOLITAN HOSPITAL AMBULANCE SERVICE.

A small reception hospital with a new motor ambulance opens May 1st in conjunction with the Metropolitan Hospital, Department of Public Charities. The reception hospital is on the dock at the port of East 70th street, the boat landing of the Metropolitan Hospital. The new department will give an emergency service, the only thing lacking to make the work at the hospital complete.

HOTEL MATHEWSON, NARRAGANSETT PIER.

The Hotel Mathewson will be the headquarters of the meeting of the American Institute of Homœopathy, which meets at Narragansett Pier in June. Those intending to attend the meeting should engage quarters as soon as possible. Aside from its convenience as the headquarters of the Institute, there is no place at Narragansett Pier that can offer the attractions that the Mahewson can.

GIVEN FAREWELL GIFT.

Worcester Homœopathic Physicians Say Goodby to Dr. Carl Crisand, '84.

Homœopathic physicians of Worcester met in the home of Dr. J. P. Rand, 5 Benefit street, on the evening of April 8th, to say goodby to Dr. Carl Crisand, who is about to move from the city, and to welcome his successor, Dr. John E. Willis, Somersworth, N. H., who has come to take Dr. Crisand's place.

After light refreshments, including coffee and ices, Dr. J. K. Warren, in a few well chosen words, expressed the regrets of all that Dr. Crisand was to leave the field of his professional labors. In token of the sincere friendship of all, Dr. Warren presented to Dr. Crisand a handsome sterling silver pitcher, suitably engraved.

It stands ten inches high and holds three and a half pints.

On one side is the inscription, "Dr. Carl Crisand, from his professional associates, Worcester, 1911." On the other is a couplet from Tom Moore's poems. It reads: "Fill the bumper fair, every drop we sprinkle, o'er the brow of care, smoothes a wrinkle.

Dr. Crisand responded to the presentation feelingly, and introduced his successor, Dr. Willis, who made a few felicitious remarks.

The pitcher was filled with unfermented grape juice, the gift of the Buffington Pharmacy Co., and a parting bumper was drunk to the health of Dr. Crisand.

Dr. Rand's hospitality was enjoyed greatly, and the informality of the occasion was a cheerful break in the monotony of a busy season. Assisting Mrs. Rand in entertaining were Mrs. Robert D. MacMillan and Miss Carrie A. Hobbs.

Besides those mentioned, the guests were: Dr. Amanda C. Bray, Dr. Jennie T. Lane, Dr. Lucy E. Wetherbee, Miss Edith T. Robbins, matron of Hahnemann Hospital; Dr. Lamson Allen, Dr. Charles Croissant, Dr. Charles L. Nichols, Dr. E. R. Leib, Dr. E. A. Jones,

Dr. Edgar A. Fisher, Dr. J. M. Barton, Dr. Albert E. Cross, Dr. Leslie P. Leland, and Dr. George F. Forbes.

Dr. Crisand came to Worcester in the fall of 1888, and has built up a large and successful practice. He will be greatly missed by his professional associates and the community at large.

He will retire from practice upon a beautiful rural estate which he has purchased at Brookfield, Mass.

Drs. Arthur, Warren, Crisand, Allen, Croissant, Jones, and our good correspondent, are all well known alumni practicing around Worcester, Mass.

ALUMNI NEWS NOTES

Dr. Irving Townsend, '87, has been appointed Honorary President of the Laryngological Section at the International Homœopathic Convention at London this sumemr.

Married. On April 25, 1911, at St. Paul's Episcopal church, New York City, Miss Dorothy Orr, daughter of Mr. and Mrs. Louis H. Orr, of New York City, was married to Harlow G. Farmer, M. D., '08, son of Dr. Grosvenor S. Farmer, of Watertown, N. Y., and a practicing physician in his native town. The doctor and his bride have gone South, and will spend their honeymoon cruising in southern waters. Dr. Farmer graduated from St. Lawrence University in 1904. At present he is county physician of Jefferson county, New York State.

Drs. Bukk G. and Sprague Carleton take pleasure in announcing their return to 75 West 50th Street. Telephone, Plaza 117.

To the Members of the Alumni Association of the New York Homœopathic Medical College and Flower Hospital:

Fellow Alumni, Greeting—

There's a day in each year
That we all should hold dear
Near the good old Summer Time.

This year, 1911—the day is Thursday, June 1st. Put the date right down now. As they say in Oshkosh, "Paste it in your hat."

Things are looking mighty prosperous over at the College. Largest enrollment in its history. Optimism and enthusiasm are in the air. And 'tis well. Never did the name of Hahnemann stand so high as it does to-day. With the autogenous vaccines emphasizing

his teaching of the value of the minimum dose and the opsonic theories of Wright substantiating the tenets of our faith, Homœopathy never stood so high in the realm of scientific medicine. The signs of the times show a gradually uniting medical profession where the name of Hahnemann will be revered alike with the names of Virchow and of Lister. And we are in the forefront of therapeutic progress.

So let us devote one day in tribute to Alma Mater. Have you seen the new Laboratory presented by us—Alumni—to the College? Did you know that the Class of 1895 at their fifteenth reunion last spring subscribed $1,000? How is that for loyalty and class spirit? Fine lot of fellows those of '95. Have you seen the new projectoscope that Prof. Lloyd uses in teaching anatomy? You must see it. The Dissecting Room—take a look at that, and the Hospital, and the Automobile Ambulances. We thought that those old plugs could go when Bill Stewart and Holden held down the back seat—but watch them now on a hurry call. And say—when you see the Dean ask him how it was that we got half of New York for our Ambulance District. It is rumored that when an inquisitive reporter for the CHIRONIAN asked him that, he replied—"Just say that when you asked me that question I was observed to smile." He wasn't Mayor of Ann Arbor for nothing, even if he did get licked when he ran for Congress.

But say—forget all about your patients for the day. You are a boy again. Go look at the old lecture room where you used to throw cushions—conjure up the old class. Do you remember how Helmuth used to throw a scare into you by springing a quiz? What are the coverings of an inguinal hernia? Name the lobes of the liver? Look around at the fellows—have they changed?

Don't forget to go over to the Hospital. See the new Contagious Ward that has just been fitted up at a cost of $2,500. Did you know that we had just come into $106.000 from the Tilford estate? That is most as much as Bukk Carleton makes in a year.

This is immediately available and part of it will be used to begin a new building.

Dean Copeland says that the most important factor in the present prosperity of the College has been the organization of the Alumni and the formation of the auxiliary associations. He believes that this has done more to gain the co-operation of the Alumni than anything else and accords Dr. Schenck special credit for this.

Take in the whole thing. Make Alumni Day a great event. Get to the College at 9 o'clock. You will hear something worth while. Program printed elsewhere. Luncheon will be served at 1 o'clock in the Alumni Laboratory. This is always an occasion of reunion and good fellowship. You will meet lots of the old boys. This will be followed by the annual business meeting. This is a brand new innovation. Tried last year with great success. That leaves the evening free for the annual banquet, which will begin early—so the suburban men can hear the speeches without having to hurry away.

There have been many interested inquiries as to whether the same brand of punch will be served at the business meeting. It can be definitely stated that the same recipe will be followed that was used in 1910.

Last year there was only one casualty reported. The elevator boy was listed among the missing. This year a new elevator boy has been secured. He is a Prohibitionist. So if there should not be enough punch to go around, blame the committee or knock the Dean. He hasn't got anything to do with it, but knock him anyway. It is good for him. He is getting too fat. We want slim deans.

Now as to the banquet in the evening. It will commence promptly. Cocktails will be served—that is to say, oyster cocktails—promptly at 6:30 at the Hotel Astor. The toastmaster has received acceptance from the following speakers: Supreme Court Justice Frederick E. Crane, a talented post-prandial orator, who is constantly in demand; Rev. Dr. J. F. Carson, pastor of the Central Presbyterian Church, of Brooklyn, who is the recipient of calls from all over the United States; Ex-Congressman Cornelius Pugsley, who was until recently President General of the National Society of the Sons of the American Revolution; Dean Copeland and Hon. M. B. Cary, President of our Board of Trustees, are old standbys. A banquet would be incomplete without hearing from them. In addition to these, Comptroller Prendergast has promised to address us. Mr. Prendergast being in the public eye as chief fiscal officer of our city is in addition one of the most eloquent after-dinner speakers in the country. The music of the evening will be in charge of Dr. Hopke, '99. Lots of our Alumni have fine voices. It is desirous to form a glee in the evening to lead in the singing. If you are a singer, see Dr. Hopke at the business

meeting in the afternoon. Introduce yourself if you don't know him. Look him up. We want to have some great music.

Now, lastly, get busy. Be sure you are on hand. There have been a number of inquiries as to whether guests not Alumni are welcome. Sure they are. Bring as many as you want. If you have some friend who has "blown you off to a dinner" and you want to reciprocate—bring him along. Last year was the Semi-Centennial and an extra occasion and we had the greatest number of men out who ever attended an Alumni dinner. The indications are that this year we are going to have an even greater number than last year. Get your applications for seats in early. Choice tables are awarded in order of application. And when you come don't forget to sing. If you can't sing, whistle, and if you can't whistle, hum.

Fraternally yours,

WILLIAM LATHROP LOVE, '94,
Corresponding Secretary.

BROOKLYN NOTES

Dr. S. W. Pallister, '98, has been appointed consulting surgeon to the Brooklyn Home for Consumptives.

Dr. O. S. Ritch, '78, and Dr. Herbert D. Schenck, '84, attended a meeting of the Southern Tier Medical Society in April.

At the April meeting of the County Society Dr. Henry P. De Forest read a paper on "The Sanitary Supervision of Prostitution," describing the methods used in Berlin, Dresden and City of Mexico. In Berlin any woman who, by her occupation (factory hand, milliner, etc.), earns more than two dollars and a half a week, is not under police supervision, so that while some five thousand prostitutes are "under control" in Berlin, forty-five thousand persue their trade unmolested, because their earnings at a legitimate trade put them out of the police classification. In view of this statement, police control of prostitution in Berlin is really funny. In Dresden medical examination has been reduced to a science, and only two per cent. of registered prostitutes were infectious. In opening the discussion, Judge Frederick E. Crane, said that if we really wanted to settle this question we could do so by making one standard of morality for *both* sexes. The society adopted a resolution calling upon the Commissioner of Health to put venereal diseases in the list

of contagious diseases, which must be reported to the Board of Health. We might say that it was adopted more to put the society on record than in the expectation of obtaining practical results, for the millennium is still some ways off.

BOOK REVIEWS.

A Critical Analysis of the Pathogenetic and Clinical Symptoms of Vaginal Discharges. By Paul Allen, M. D.

In this little book of 60 pages Dr. Allen has given 473 verified clinical reports on vaginal discharges. Many drugs are given many times. In each case the item has been traced to its source, and frequently Dr. Allen has added a critical note. The book cannot help but be of service to those interested in gynæcological practice.

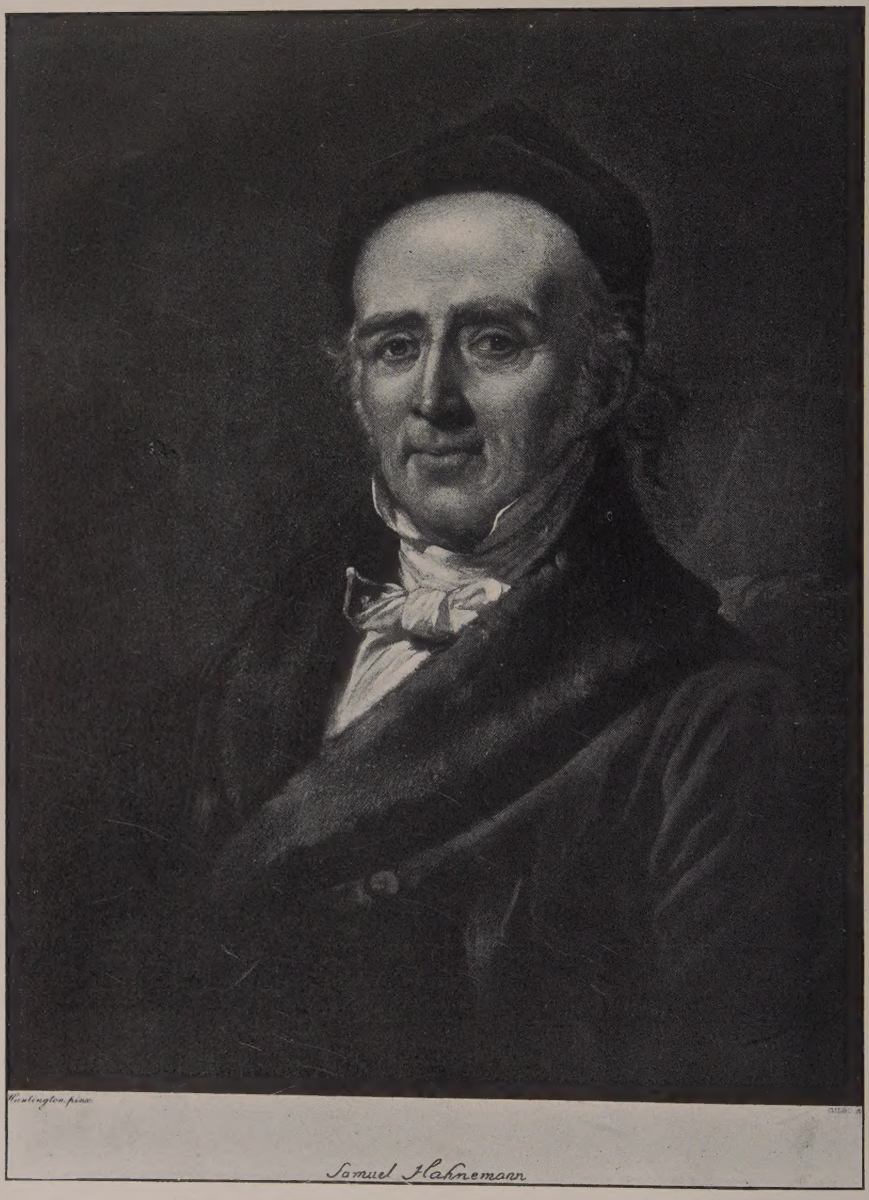
In 1853 the late DR. P. P. WELLS of Brooklyn, gave to MR. DANIEL HUNTINGTON, who was intending to spend the winter in Paris a commission to paint for him a portrait of

SAMUEL HAHNEMANN.

MR. HUNTINGTON carried a letter of introduction to MADAM HAHNEMANN, asking that she would facilitate the work by any means in her power.

By her invitation the portrait was painted in her house, where the artist could have access to the many and various likenesses, (portraits, busts, medallions, etc.,) in her possession, and have also the advantage of her own constant criticism and suggestions.

MADAM HAHNEMANN was greatly interested in the work of which she wrote later "The portrait leaves one nothing to desire. It is in all respects the most satisfying representation of my husband which has been made. If it must leave me I am consoled that it has gone to America where it will make his face familiar to those who, so far beyond the sea, honor his name and follow his teachings."



Samuel Hahnemann

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